

Calhoun County School Health History '17-'18

Student's Last Name:	Student's First Name:	Middle Initial:	Date of birth:
PLEASE CIRCLE OR STAR (*) THE NAME AND NUMBER OF THE PERSON YOU WANT CONTACTED FIRST			
Mother/Guardian: (Please check here ___ if Mother/Guardian has court ordered legal custody) (Please do not list step-parents in this section unless they have court ordered legal custody) Name: Relationship:		Father/Guardian: (Please check here ___ if Father/Guardian has court ordered legal custody) (Please do not list step-parents in this section unless they have court ordered legal custody) Name: Relationship:	
Home Phone : Work Phone :		Home Phone : Work Phone :	
Email: Cell Phone:		Email: Cell Phone:	
PLEASE SELECT AN OPTION BELOW FOR HOW YOU WOULD LIKE TO BE CONTACTED FOR MINOR VISITS TO THE HEALTH ROOM (NOTE: All major injuries that occur at school (head or body injury other than minor scrapes, scratches, etc) and any illness/symptom on the DHEC exclusions list or School Policy (Vomiting, fever, etc) will receive a phone call): <input type="checkbox"/> Only call for what is listed above <input type="checkbox"/> Call for any visit to the health room <input type="checkbox"/> Email for any visit to the health room <input type="checkbox"/> Other (please list):			
Emergency Contact Name (Other than Parent):		Home Phone:	Work Phone: Relationship to student:
1.			
2.			
Student's Primary Doctor:		Student's Dentist:	
Check the box AFTER the name of the problem that your child has been diagnosed with:			
ADD / ADHD	Epilepsy (seizures)	Sickle Cell Disease (not trait)	Vision problems
Allergies (non-seasonal with severe reactions) (Fill out information below)	Hemophilia (bleeding problems)	Other (explain):	Do you wear glasses?
Asthma (not bronchitis history)	Migraines	Hearing problems	Do you wear contacts?
Diabetes	Psychiatric Disorders	Do you wear hearing aides?	Did you lose your glasses?
List any medications your child takes daily or as needed: (even if he/she only takes at home)			
If your child needs prescription medication at school, you must have your doctor complete the Prescription Medication form. You are also responsible to bring the medication to the nurse.			
Does your child have any of the following allergies: (please describe the reaction)			
Food allergies or Diet Restrictions:			
If so, parent needs to get forms from nurse and bring completed forms from physician in order for the cafe to provide the appropriate diet			
Medication allergies:		Insect allergies requiring emergency action:	
Insurance Information: Please mark the type of insurance your child has:			
<input type="checkbox"/> Private insurance <input type="checkbox"/> Medicaid <input type="checkbox"/> School Insurance (you must apply on your own) <input type="checkbox"/> No insurance			
If your child has no insurance, please contact the school nurse as we may be able to help.			

PERMISSION FOR SERVICES (Please put your initials in each box)

- ☐ I give permission for my child to receive health services provided by Calhoun County Public Schools. I give Calhoun County School District permission to contact the persons named on this form in the event of an emergency. In the event parents or persons named as emergency contacts cannot be reached, the school officials are hereby authorized to transport my child to the nearest emergency room by EMS. I understand that I am responsible for all expenses associated with the emergency.
- ☐ I give permission for my child to participate in grade-appropriate health screenings as set forth by DHEC (vision, hearing, oral, BMI).
- ☐ I understand Calhoun County Public Schools Health Room policies for Medication Administration and HIPAA Privacy Act.
- ☐ Permission is granted to exchange medical or other confidential information as necessary with my student's health care provider and the health care financing administration, its agents or other agents needed to determine benefits for related services.

Parent/Guardian Signature: _____ Date: _____

*****PLEASE SEE THE REVERSE SIDE OF THIS FORM FOR MEDICATION PERMISSIONS*****