



HEALTH UPDATE 2015 - 2016

BATTLE HIGH SCHOOL

GRADE _____

STUDENT # _____

NAME _____ Male Female Birthdate _____

PARENT/GUARDIAN #1 _____ Home # _____ Work # _____ Cell # _____

PARENT/GUARDIAN #2 _____ Home # _____ Work # _____ Cell # _____

EMERGENCY CONTACT _____ Relationship _____ Phone # _____

DOCTOR/CLINIC _____ Phone # _____ Well Child Exam in the last 1yr 2yr

DENTIST _____ Phone # _____ Dental Exam in the last 1yr 2yr

PREFERRED HOSPITAL _____

TYPE OF INSURANCE Employment Private Self-Pay Straight Medicaid (red card) MoHealthNet None

NONE OF THE HEALTH CONCERNS LISTED IN THE BOX BELOW APPLY TO MY CHILD

MY CHILD HAS THE FOLLOWING SPECIAL HEALTH CONCERNS

ALLERGIES: (drugs, food, insects, pollens) Please list _____
 Has allergy required emergency action in the past? Yes No Describe reaction: _____
A FOOD ALLERGY SUBSTITUTE REQUIRES A PHYSICIAN'S STATEMENT OF DISABILITY

ASTHMA ** If yes, must complete Asthma History on the back of this form**

ATTENTION DEFICIT DISORDER (ADD/ADHD): Medications _____ Taken at: Home School

DIABETES: Insulin Dependent Non-Insulin Dependent Physician _____ Comments _____

EARS: frequent infections tubes (Right Left, date inserted _____) difficulty hearing (explain) _____
 hearing aid (Right Left, wear at school? Yes No) other _____

EYES: glasses (reading distance) contacts lazy eye difficulty seeing previous surgery

SEIZURES: Describe seizure _____
 Date of last seizure _____ Medication _____

SICKLE CELL DISEASE: Physician _____ Restrictions _____

OTHER MEDICATIONS: _____ Reason for taking _____ Taken at: Home School

OTHER HEALTH CONCERNS:

bladder bleeding blood disorder blood pressure bowel dental eating headaches
 heart problem lungs menstruation nosebleeds neurologic orthopedic phobias(fears) skin
 sleeping other illness, injury or health problems which might affect performance at school _____
 Explain: _____

Requires Special Nursing Health Care (specify): _____

SPECIAL SERVICES STUDENT HAS REQUIRED OR IS RECEIVING: IEP Speech/Language 504 OT/PT Counselor

In accordance with the Board of Education policy, parents will be notified as soon as possible in case of serious illness or injury. Students will be given emergency care by school personnel as indicated in the Rules and Regulations of the Board of Education. Parents who do not wish their child cared for in accordance with the board policy should indicate this in writing to: **HEALTH SERVICES COORDINATOR; 1818 W. Worley, Columbia, MO 65203.**

IMMUNIZATIONS: Columbia Public Schools requires immunizations for: DPT, Polio, Measles, Mumps, Rubella (MMR), Hepatitis B and Varicella.

Preschool Students: Missouri State Law, Section 210.003 RSMo 19 CSR 20-28.040 Immunization Rule requires children to be appropriately immunized or exempted in order to enroll in or attend school.

School Age Children (K-12): Missouri State Law, Section 167.181, RSMo 19 CSR 20-28.010 Immunization Rule requires school age children to be appropriately immunized or exempted in order to enroll in or attend school.

Signature of Parent/Guardian _____ Date _____

My signature above verifies the above information to be accurate. I also permit the school nurse to share information with school staff as deemed appropriate by the nurse, to provide for my child's health and safety.



Asthma History

COLUMBIA PUBLIC SCHOOLS
Administration Building • 1818 W. Worley Street • Columbia, MO 65203

Complete ONLY if student has asthma or history of asthma and return form to the school nurse.

Student: _____ Student #: _____ Grade: _____ Height: _____ Date: _____

1. Triggers that might start an episode for this student? (check all that apply)

- Animal Dander
- Emotions (when upset)
- Molds
- Temperature Changes
- Cigarette smoke, strong smells
- Exercise
- Pollens
- Other _____
- Cockroaches
- Food Allergy
- Respiratory Infections
- Dust Mites
- Irritants

2. Does this student have a current prescription for any of the following medications to be taken daily to control respiratory problems? (check all that apply)

- None
- Advair®
- Albuterol prior to exercise
- Alvesco®
- Asmanex®
- Atrovent®
- Dulera®
- Pulmicort®
- QVar®
- Singulair®
- Symbicort®
- Theophylline
- Tilade®
- Xopenex®
- Other _____

3. How many times in the last 3 years has this student required urgent or emergency care due to respiratory problems?

- Zero
- 1-2
- 3-5
- 6 or more

4. How many times in the last 3 years has this student been hospitalized due to respiratory problems?

- Zero
- 1-2
- 3-5
- 6 or more

5. Previous admission to Intensive Care Unit (ICU) for respiratory problems? Yes _____ No _____ Date: _____

6. How many days of school did this student miss last school year due to respiratory problems?

- Zero
- 1-2
- 3-5
- 6-9
- 10 or more

7. What seasons of the year make this student's asthma symptoms worse? (check all that apply)

- Seasons do not affect asthma
- Fall
- Winter
- Spring
- Summer

8. Does this student recognize his/her early signs of worsening asthma? Yes _____ No _____

9. Approximately how often in a year does this student require the use of quick relief medicine, Albuterol (ProAir®, Proventil® or Ventolin®) or Xopenex®, to relieve respiratory problems?

- Zero
- 5 or fewer days per year
- 5 or fewer days per month
- 2 or fewer days per week
- more than 2 days per week

10. Does this student use more than 3 canisters of quick relief medicine per year? Yes _____ No _____

11. How many times in the last year was the student prescribed a systemic steroid (ex. Prednisone, Pediapred®, Orapred®, Medrol®) for treatment of an respiratory flare up?

- Zero to 1
- 2-3
- 4-5
- 6 or more

12. How often does this student awaken during the night having difficulty with coughing, wheezing or breathing?

- Zero- 1 time/month
- twice/month
- 3-7 times/month
- 6 or more times/month

Medication plan for school (check all that apply)

- No medications at school/does not carry inhaler
- Inhaler for sports/extra-curricular only
- Student will carry quick relief inhaler during school hours (**Middle School and Senior High School students ONLY**)
- Quick relief inhaler to be kept in nurse's office
- Daily asthma medications to be kept in nurse's office
- Nebulizer tubing and medications to be kept in the nurse's office
- FEV1 or Peak Flow monitoring supplies to be kept in nurse's office

Columbia Public School's nurses recommend having an Asthma Action Plan for all students with asthma. Students who will be receiving asthma medications at school must have an asthma action plan on file. A form is available from the school nurse. If your physician has already developed an asthma plan, please provide a copy to the school nurse.

***Please note: If your child has not used asthma medication in more than 3 years and no longer meets the criteria of persistent asthma, the health record may be changed to reflect 'history of asthma'. For questions, please contact your school nurse.