

JCC HEALTH HISTORY

Student Name: _____ **Birthday:** _____ **Grade:** _____ **Teacher:** _____

Please indicate if your child has been diagnosed with any of the following medical conditions.

ADD/ADHD	Yes	No	Anxiety	Yes	No
Depression	Yes	No	Cancer	Yes	No
Cardiac Condition	Yes	No	Dental Problems	Yes	No
Diabetes	Yes	No	Seizure Disorder	Yes	No
Seasonal Allergies	Yes	No	Gastrointestinal Disorder	Yes	No
Asthma	Yes	No	If yes, will an inhaler be kept at school?	Yes	No

**If your child has asthma please attach a copy of your child's Asthma Action Plan.

Food Allergies Yes No If yes, please list allergy and reaction: _____

A "Special Diet Statement" form must be completed by a health care provider if food substitutions are needed.

Other Allergies Yes No If yes, please list allergy and reaction: _____

Epi-Pen at school for ANY allergy? Yes No If yes, what is the allergy to? _____

** If an epi-pen is needed, please have your physician complete an Allergy Action Plan.

Please explain any of the above if necessary: _____

Does your child wear contacts or glasses?	Neither	Contacts	Glasses
Does your child have a hearing impairment?	No	Yes, no treatment	Yes, hearing aid/s

Please list any major medical condition and/or surgery that your child has/had: _____

Please list all medications your child takes (include over-the-counter medications): _____

Please list any other specialty care or mental/emotional care that we should be aware of: _____

Emergency or Illness

In case of an injury or illness, please list contacts **in the order we should attempt calling, including parents/guardian.**

Name	Relationship	Phone Number/s (indicate work, cell, home)
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

In case of an emergency, our procedure will be to notify the first person we are able to contact from the list above.

When that is not possible or the situation is emergent:

1. School personnel may transport your child to the Sanford Clinic in Lakefield or Jackson, or the Sanford Jackson Medical Center emergency room. Staff will not transport to alternative facilities in an emergency.
2. 911 may be called to transport your child to the nearest appropriate facility.

Signature of parent/guardian: _____ Date: _____