Fairbanks North Star Borough School District

FAIRBANKS NORTH STAR BOROUGH SCHOOL DISTRICT

520 Fifth Ave. Fairbanks, AK 99701 (907) 452-2000

STUDENT HEALTH HISTORY FORM AND RELEASE OF INFORMATION

Student _____ Birthdate _____ Grade _____ [ ] F [ ] M

MEDICAL CONDITIONS

Does your child have any of the following conditions? Check all that apply and explain below.

[ ] Asthma
[ ] Behavioral/Emotional Disorder
[ ] Bone/Joint Disorder
[ ] Concussion History
[ ] Diabetes
[ ] Headaches/Migraine
[ ] Hearing Loss/Hearing Aids
[ ] Heart Condition
[ ] History of Scoliosis
[ ] Hyperactivity/ADHD
[ ] Other Conditions _____
[ ] Menstrual Irregularity
[ ] Seizures
[ ] Skin Disorder
[ ] Stomach/Intestinal Disorder
[ ] Vision Loss/Corrective Lenses

Please explain above concerns:

ALLERGIES

Does your child have any significant **allergies** (including food allergies)? **[ ] Yes [ ] No**

If yes please list allergy(s) and symptom(s) of allergic reaction here:

How is the allergy treated?

[ ] My child will require prescription medication administration at school (**Request for Administration of medication and/or Request for Self-Administration of Medication for Asthma/Anaphylaxis required)**

PERMISSION TO ADMINISTER NON-PRESCRIPTION MEDICATION AT SCHOOL

Over-the-counter medications, which are on the approved standing orders from the district medical advisor, may be administered to students when the parent/guardian gives written consent and a Registered School Nurse has assessed and deemed necessary in order for the student to maintain participation in school. **Check all that may be administered by the School Nurse and/or designated trained unlicensed staff:**

[ ] Tylenol (acetaminophen)
[ ] Motrin/Advil (ibuprofen)
[ ] Benadryl (diphenhydramine)
[ ] TUMS (antacid)

ACCESS IMMUNIZATION RECORDS

I _____ request and authorize the school nurse/medical staff at Fairbanks North Star
parent/guardian
Borough School District the access of my above named child's immunization records within the ***VacTrAK*** system managed by the Epidemiology Section of the Alaska Department of Health and Social Services.

RELEASE OF INFORMATION

The disclosure of health information within the school is limited to information necessary to ensure the student's health and educational interests are met. Your signature below gives permission for school staff to be informed of precautions and procedures necessary to protect your child while in school.

PARENT ACKNOWLEDGMENT

My signature below is acknowledgment that the information provided is current and correct. I understand that it is my responsibility to notify the school when the information has changed or I no longer give permission to administer medication to my child.

Parent/Guardian Signature _____ Date _____

NUR

5/17