



HEALTH AND ILLNESS INFORMATION 2016-2017

STUDENT NAME: _____

HEALTH

Immunizations

Students will not be admitted to BYDS without current immunization records. Please ensure that your child's records are current and are on file with the school.

Health Conditions

Does this child have any notable health conditions?

Yes No If yes, please specify:

ADD/ADHD

Allergies

Food _____ Mild Severe

Drugs _____ Mild Severe

Environmental _____ Mild Severe

Insect stings _____ Mild Severe

Other _____ Mild Severe

EpiPen Required? Yes No

Arthritis

Asthma

"Code Orange" Air Quality Action Restriction

Deafness

Diabetes

Disability – Specify: _____

Heart condition

Seizure disorder

Vision impairment – Glasses Contacts

Other – Specify: _____

Medications

Medication	Dosage	at School?
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

PERMISSION AND RELEASE

First Aid Treatment

I hereby authorize BYDS personnel to use their judgment to administer the following routine first aid treatment to my child:

Antibacterial ointment? Yes No

For minor cuts and scrapes

Polymyxin, bacitracin, or neomycin

Itch relief Yes No

For first aid treatment of insect stings

Hydrocortisone cream (Cortaid) or diphenhydramine

Hcl with zinc acetate (Benadryl spray or ointment)

Cough drop or throat lozenge Yes No

For frequent cough and mild sore throat

Menthol or pectin

Pickup and Dismissal for Clinic Use

The persons listed below have standing permission to pick up my child. I will inform the school in writing of any other pick-up arrangements.

Name _____ Relation _____

Cell phone _____

Home or work phone _____

Name _____ Relation _____

Cell phone _____

Home or work phone _____

Name _____ Relation _____

Cell phone _____

Home or work phone _____

Special Instructions and Restrictions:

Please specify: _____

Parent/Guardian Signature

Relationship to Student

Parent/Guardian Name

Date