

# Ohio Department of Health • School and Adolescent Health

## Health History

Student's name	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of birth /    /
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**Family Health History** Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and Sisters

**Birth and Developmental History**     No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Was infant born full term? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did the infant have any sickness or problems? <input type="checkbox"/> Yes <input type="checkbox"/> No
Briefly explain illness or problems.  	
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? <input type="checkbox"/> About the same <input type="checkbox"/> Delayed <input type="checkbox"/> Advanced	

**Student Health Conditions**

<input type="checkbox"/> <b>YES</b> , my child receives regular medical/health care for the following conditions:		<input type="checkbox"/> <b>NO</b> medical conditions
<input type="checkbox"/> Allergies	<input type="checkbox"/> Diabetes	<input type="checkbox"/> Seizure disorder
<input type="checkbox"/> Asthma	<input type="checkbox"/> Depression	<input type="checkbox"/> Sickle cell anemia
<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Ear problem/hearing difficulty	<input type="checkbox"/> Skin conditions
<input type="checkbox"/> Autism	<input type="checkbox"/> Emotional concerns	<input type="checkbox"/> Speech problems
<input type="checkbox"/> Behavior concerns	<input type="checkbox"/> Headaches	<input type="checkbox"/> Traumatic brain injury
<input type="checkbox"/> Birth/congenital malformations	<input type="checkbox"/> Heart problems	<input type="checkbox"/> Vision problems (glasses, contacts)
<input type="checkbox"/> Bone/muscle/joint problems	<input type="checkbox"/> Hemophilia	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blood problems	<input type="checkbox"/> Juvenile arthritis	<input type="checkbox"/> Other _____
<input type="checkbox"/> Bowel/bladder problems	<input type="checkbox"/> Lead poisoning	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cancer	<input type="checkbox"/> Migraines	<input type="checkbox"/> Other _____
<input type="checkbox"/> Cystic fibrosis	<input type="checkbox"/> Neuromuscular disorder	<input type="checkbox"/> Other _____

Please explain any conditions above or any reasons for hospitalizations.

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions
<input type="checkbox"/> Bee/Insect		
<input type="checkbox"/> Food		
<input type="checkbox"/> Medication		
<input type="checkbox"/> Other		

# Health History continued

Please list any prescription and over the counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications, and/or intervention?  
 Yes    No   If YES, please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?  
 Yes    No   If YES, please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

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Form completed by	Relationship to student	Date / /
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Phone Number	
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EpiPen In School	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Inhaler In School	YES <input type="checkbox"/>	NO <input type="checkbox"/>

## MEDICATION POLICY

The Canfield Board of Education, as mandated by the State of Ohio, has a medication policy for the entire school system. In order for the school to give medication to your child, several procedures MUST be followed. In a "nut shell", students are not allowed to carry any medication in the school unless the proper forms are completed, signed by both the parent and the physician. If it is medically necessary for a student to have medication during the school day, the parent must bring that medication to the school and complete the necessary medication forms. When these forms are completed, the nurse or a person designated by the principal of that school will administer the medication. Only inhalers, epi-pens and diabetic needs may be carried by students if the proper medication forms are completed, signed by both the parent and the physician. This includes over the counter medications. The school nurse may administer several over the counter medications such as Tylenol. Only the school nurse can administer these school purchased, over the counter medications from the nurse's office. If you have any questions concerning this policy, please call the school nurse at 330-702-7013.

### Medication Procedure

1. The medication must be brought to the school by the parent or guardian.
2. The medication must be in the original container from the pharmacy.
3. The medication must be labeled with the medication's name, the physician's name and your child's name, and time to be given.
4. The "Parent Request and Authorization to Administer a Prescribed Medication or Treatment" form must be completed and signed by the parent or guardian and must include the signature of the physician.
5. New forms must be completed each school year.
6. Any medication not picked up by the parent or guardian by the end of each school year will be disposed of by the School Nurse.
7. Any medication brought in by a parent in a baggie or inappropriate container with a note will NOT be given to the student.

### Medication Regulations

As of July 2011, the Ohio Department of Health developed some new regulations concerning the delivery of medication in the school. The new regulations cover three main issues. The first is who can give students medication at school, the second covers what procedures must be followed for medications to be given in school, and the third deals with what medications a student can carry during the school day.

According to the new regulations, only the nurse and employees who have been trained by the nurse can give medications to students. Untrained employees and volunteers in the school cannot give a student any medication. Volunteers cannot give medication even on field trips. Currently most of Canfield's administrators and secretaries have been trained to administer oral medication.

What medications can your child have in the school? Any medication, either prescription or over the counter, that is medically necessary for your child to remain in school, can be given to your child at school as long as the proper paper work has been completed and is signed by a parent AND THE PHYSICIAN. The medication must be delivered to the school by the parent and can only be given to your child by the nurse or the trained, designated employees. Students cannot carry any medications with them or in their lunch, purse, or backpack. The ONLY medications students are allowed to carry on their person, and only if the proper paper work is in the nurse's office, are inhalers for asthma, epi-pens for anaphylactic reactions, and insulin and testing materials for diabetes.

The school does keep a small supply of over the counter medications such as Tylenol. This medication can be given by the nurse after an assessment. The distribution of over the counter medications that are in the nurse's office and are given by a nurse do not require any paper work on the part of the parent, but can only be given when the nurse is in the building. Cough drops, vitamin drops, and throat lozenges are not used in the elementary schools. If you have any questions about the new regulations or any questions concerning your child and medication, call the nurse at your school.



## CANFIELD LOCAL SCHOOLS

### NEW STUDENT BUSING INFORMATION

(Optional Form – Complete this **ONLY** if drop-off or pick-up address is different than home.)

To better meet the needs of working parents we will attempt to bus children to local daycares or sitters located within the district.

**These arrangements must be consistent Monday through Friday and remain in place the entire school year.**

Please provide the pick-up and drop-off address, if other than home, of your child. The address must be within the school district.

Child's Name \_\_\_\_\_

Home Address \_\_\_\_\_

Pick-up Address \_\_\_\_\_

Drop-off Address \_\_\_\_\_

Phone Number \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_