

TEMECULA VALLEY CHARTER SCHOOL

2019 – 2020 STUDENT HEALTH HISTORY

Student's Legal Last Name	Student's First Name	Full Middle Name	Grade	Birth Date
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Please check the appropriate box of any conditions that apply and give a brief explanation in the space provided at the bottom of this form. List all health conditions including those from previous years. Please notify the Credentialed School Nurse at your child's school of any changes in your child's health condition or change of medication.

- Allergy - SEVERE**
 - Requires EPIPEN/medication**
- Allergy – Food
 - Requires physician order – form on TVCS website**
- Allergy – Non-Food, List type and symptoms below
- Arthritis – List below
- Asthma –
 - Requires medication or inhaler**
- Attention Deficit Disorder -ADD/ADHD - List medication below
- Autism
- Chromosomal Disorder, list below
- Blood Disorder, list below
- Downs Syndrome
- Cancer - List type
- Cerebral Palsy
- Cleft Palate/Lip
- Confidential Health Problem - **Call School Nurse**
- Cystic Fibrosis
- Diabetes, Type I- **Insulin dependent - Requires meeting with School Nurse**
- Diabetes, Type II - **Requires meeting with School Nurse**
- Eating Disorders/physician diagnosed
- Endocrine Disorder
- Gastrointestinal Condition, list below
- Growth Disorder, explain below
- Head Injury/Concussion
- Hearing Impairment, list hearing aids if needed
- Heart Disease /Cardiovascular Condition, explain below
- Hemophilia - **Call School Nurse**
- Hypoglycemia/physician diagnosed
- Kidney Disorder/Disease, List below
- Medication Taken at Home, List below
- Medication Needed at School
 - Requires physician order – form on TVCS website**
- Migraines/physician diagnosed – List medication below
- Multiple Sclerosis
- Muscular Dystrophy
- Muscular - Skeletal Condition
- Neurological Condition
- Nosebleeds – Severe
- Orthopedic Impairment
- Osgood - Schlatter Disease
 - Physician note required if activity is restricted**
- Physical Activity Limitations, **Requires physician note**
- Seizure Disorder, list medications, describe symptoms
 - Diastat - Requires meeting with School Nurse**
 - Requires Diastat physician order**
 - Physician order form on TVCS website**
- Speech Impairment
- Visual Impairment
- Other** health problems not listed

All medication given at school (prescribed or over the counter) and/or student is carrying an inhaler requires a physician's note (forms are available on TVCS website).

EXPLANATION

Medical Transport- I authorize emergency personnel (medical, dental, paramedic, ambulance) to transfer and treat said minor in the event that the minor's parent/guardian cannot be reached. I further understand that all costs of paramedic transportation, hospitalization, and any examination, x-ray, or treatment provided in relation to this authorization shall be borne by the parent/guardian. I understand that TVCS, its officers and employees assume no liability of any nature in relation to the transportation or treatment of the said minor.

Health Care Coverage – Your child and family may be eligible for free or low-cost health coverage. For information about health care coverage options and enrollment assistance, go to www.CoveredCA.com.

Disclosure of Food Allergy Information – If your child has a FOOD allergy, have your child's doctor complete the Medical Statement to Request Special Meals and/or Accommodations. The form can be found on TVCS website. I hereby authorize TVCS to disclose health information, related to my child's food allergy, to the Child Nutrition Department. This authorization shall remain in effect for one year from the date of signature. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to TVCS.

By signing below, I have authorized my permission for medical transport and disclosure of food allergy information.



Parent Signature

Date