

Lutheran High School of Kansas City

Health Record

Last	First	Middle	ID#	Sex	DOB
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Home Phone	Emergency Contact	Phone	Parent's Cell Phone
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Father's (Guardian) Name	Mother's (Guardian) Name
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HEALTH PROBLEMS

YES NO

YES NO

Diabetes: Insulin Dependent/Oral Med			Attention Deficit Hyperactivity Disorder		
Hypoglycemia			Attention Deficit Disorder		
Lung Problems			Asperger's Syndrome		
Asthma-Type			Orthopedic Problem		
Heart Problems			Muscular Disease		
Hearing Impairment			Glasses		
Hearing Aid			Contacts		
Neurological Disease			Other		
Seizures					

Explain any Health Problems Checked Above _____

Potential Severe Reaction to _____

Environmental Allergies or Hypersensitive to _____

Allergies to Foods: _____

Allergies to Medication: _____

Allergies to Other: _____

Taking Medication? ___ Yes ___ No Is Medication needed at school? ___ Yes ___ No

If "Yes" Name of Medication _____

Prescribing Doctor _____ Doctor's Phone Number _____

Able to take PE? ___ Yes ___ No Reason: _____

IMMUNIZATIONS (Include Dates)

DPT/DT 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

POLIO 1 _____ 2 _____ 3 _____ 4 _____ 5 _____ 6 _____

MMR 1 _____ 2 _____ Date of Last Tetanus _____

Hepatitis B 1 _____ 2 _____ 3 _____ Varicella 1 _____ 2 _____

Parent Signature _____ Date _____

Medication Policy

PRESCRIPTION MEDICATION

The office must be notified when a student is required to take prescription medicine during school hours. All prescription medication must be brought to the office and a medication consent form must be filled out and signed by a parent/guardian and the prescribing physician. Medication bottles must have the pharmacy's original label on it. It is the student's responsibility to come to the office to take medication. The office must be informed of any contagious or infectious conditions with proper documentation from a licensed physician.

NON-PRESCRIPTION MEDICATION

Lutheran High School of Kansas City is not responsible for student use of non-prescription drugs. In compliance with the laws of the state of Missouri, the office will NOT provide any student with aspirin, Tylenol, or any other over-the-counter drugs. However, if a parent wishes a student to be allowed to take over-the-counter medications, the medication must be stored in the office. A consent form must be signed by the parent/guardian and the student's attending physician. The medication must be in the proper container (i.e. Tylenol must be in a labeled Tylenol bottle) and must be labeled with the student's name. Students should not carry medications in their backpacks, purses, pockets, etc. An exception to this policy would be if a student needs to carry an inhaler or life-saving device (such as an anaphylactic kit). Students will need to have a doctor's order stating such a need on file in the office.

Please sign below stating that you have read and understand the above policy.

Parent Signature _____ Date _____