

Ballard Community School District

Update for School Health Record

In order to bring your child's health record up to date, please complete this form. This needs to be filled out yearly with pertinent details from beginning of previous year to supplement existing school health records.

Student's Name: _____ Date of Birth: _____ Current Grade: _____

Name of Parent/Guardian(s): _____ Home Phone: _____

Child lives with: Mother _____ Father _____ Step-Mother _____ Step-Father _____ Grandparent _____ Other _____

Please list any prescribed medications student takes:

	Name of Medication	Taken for	Dosage	Time Taken
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____
4.	_____	_____	_____	_____
5.	_____	_____	_____	_____
6.	_____	_____	_____	_____

I give permission for my child's teacher to administer medication on a school sponsored field trip.

Present or Past Health Concerns or Illness:

	Yes	No	Explain		Yes	No	Explain
Food Allergies				Depression/Anxiety			
Medication Allergies				Learning Concerns			
Other Allergies				Glasses/Contacts			
Asthma				Hearing Condition			
Skin Condition				Heart Condition			
Diabetes				Kidney Condition			
Seizures				Hospitalizations/ Surgeries			
Dental Issues				Other Serious Illness			
Freq. Ear Infections				Sleeping Concerns			
Freq. Throat Infections				Other Concerns:			
ADD/ADHA/Behavioral Concerns				Other Concerns:			

Additional
Comments: _____

Does your child have any activity restrictions? _____

Parent Signature _____ Date _____

Ballard Community School District
Student Over-the-Counter Medication Permission Form

Student Name: _____ Grade: _____ School Year: _____

I grant permission to give my child the appropriate dose of the following medications when needed:

_____ Ibuprofen _____ Acetaminophen (Tylenol) _____ Caladryl

_____ Bacitracin Ointment _____ Orajel _____ Burn Gel

Parent/Guardian Signature _____ **Date:** _____

Date/Time	Medication/Dosage	Reason/Initials
1.	_____	_____
2.	_____	_____
3.	_____	_____
4.	_____	_____
5.	_____	_____
6.	_____	_____
7.	_____	_____
8.	_____	_____
9.	_____	_____
10.	_____	_____
11.	_____	_____
12.	_____	_____
13.	_____	_____
14.	_____	_____
15.	_____	_____
16.	_____	_____
17.	_____	_____
18.	_____	_____
19.	_____	_____
20.	_____	_____
21.	_____	_____
22.	_____	_____
23.	_____	_____
24.	_____	_____
25.	_____	_____
26.	_____	_____
27.	_____	_____
28.	_____	_____
29.	_____	_____
30.	_____	_____
31.	_____	_____
32.	_____	_____
33.	_____	_____
34.	_____	_____
35.	_____	_____
36.	_____	_____
37.	_____	_____

Date/Time	Medication/Dosage	Reason/Initials
38.	_____	_____
39.	_____	_____
40.	_____	_____
41.	_____	_____
42.	_____	_____
43.	_____	_____
44.	_____	_____
45.	_____	_____
46.	_____	_____
47.	_____	_____
48.	_____	_____
49.	_____	_____
50.	_____	_____
51.	_____	_____
52.	_____	_____
53.	_____	_____
54.	_____	_____
55.	_____	_____
56.	_____	_____
57.	_____	_____
58.	_____	_____
59.	_____	_____
60.	_____	_____
61.	_____	_____
62.	_____	_____
63.	_____	_____
64.	_____	_____
65.	_____	_____
66.	_____	_____
67.	_____	_____
68.	_____	_____

Initial	Name & Title
_____	_____
_____	_____
_____	_____