

HEALTH HISTORY

Name: _____ Grade: _____

Date of Birth: _____ Family Doctor/Clinic: _____

Birth History: *(any problems with pregnancy, delivery, or defects - please explain below)*

Previous History: *(health condition requiring treatment by physician)*

Allergies: *(list allergy & medication)* _____

Asthma: *(list medication)* _____

Convulsive disorder: _____

Diabetes: _____

Heart Problems: _____

Kidney/Bladder: _____

Accidents: *(fractures, head injuries, internal injuries)* _____

Surgery: *(please explain and give date)* _____

ADD/ADHD: _____

Communicable Diseases: *(chicken pox, mumps, measles, scarlet fever - give date and complications)*

List any other health conditions or medications:

Parent/Guardian Signature: _____ Date: _____

KIPP TULSA COLLEGE PREPARATORY

Authorization for the Administration of OTC Medications

Student's Name: _____

Grade: _____

AUTHORIZATION FOR ADMINISTRATION OF NON-PRESCRIPTION/OVER-THE-COUNTER MEDICATION

COMPLETED BY PARENT/GUARDIAN

THIS REQUEST IS TO BE EFFECTIVE FOR THE SCHOOL YEAR 20 17 -20 18 OR EARLIER STOP DATE: _____

Over-the-Counter Medication	Dosage and Time	Condition/Symptoms	Possible Side-Effects*	Comments
Acetaminophen (Tylenol®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of minor aches & pain; fever (100.5) will not be treated at school	None significant if administered per manufacturers label	Alert: Students with temperature over 100.4 must be sent home
Bismuth Subsalicylate (Pepto-Bismol®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For stomach ache or heart burn	Temporary, but harmless darkening of stool &/or tongue.	Not to be used in children less than 6 years old
Diphenhydramine (Benadryl®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For allergy symptoms	Drowsiness or excitability	Alert: Students will not be allowed to drive within 4 hrs. of taking Benadryl
Ibuprofen (Advil®, Motrin®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For relief of body aches & pain or menstrual cramps; fever will not be treated at school	Stomach upset	Alert: Contains no aspirin (salicylates), but should not be given if student has allergy to aspirin; may cause stomach bleeding
Topical Analgesic (Caladryl Clear®) <input type="checkbox"/> Yes <input type="checkbox"/> No	Administer according to the manufacturer's label	For temporary relief of pain and itching caused by insect bites and stings	None significant if administered per manufacturers label	Do not use on broken skin, near eyes or mucous membranes.

***Manufacturer's label is maintained in the clinic for parents to review upon request**

I request the designated school personnel to assist my child in the administration of the above described medication/s. I give permission for my child to take the medication indicated above by my checking the yes box according to the condition/symptoms described while in school or while participating in school activities away from the school site. I understand that: (1) there is no liability on the part of KIPP Tulsa College Preparatory, its personnel, or agents, for civil damages as a result of the administration of this medication to my child when the person acts as an ordinarily reasonably prudent person would have acted under same or similar circumstances; (2) these medications are stocked and maintained by school clinic; (3) I will be contacted if my child's symptoms do not improve and s/he is unable to remain at school.

Parent/Guardian Signature: _____ Date: _____