

# MONTEZUMA-CORTEZ RE: 1 SCHOOL DISTRICT STUDENT HEALTH HISTORY REGISTRATION/ANNUAL UPDATE

Date \_\_\_\_\_ Student's Legal Name \_\_\_\_\_ Male/Female \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_  
 Parent/Guardian \_\_\_\_\_ DayPhone: Mom \_\_\_\_\_ Dad \_\_\_\_\_ Cell(s) \_\_\_\_\_  
 Doctor's Name \_\_\_\_\_  
 Health Resources (circle): Private Insurance, IHS, Medicaid, CHP +, No Insurance, Other \_\_\_\_\_

**IF YOUR STUDENT DOES NOT HAVE ANY MEDICAL CONDITIONS OR TAKE MEDICATION,  
CHECK HERE -----AND COMPLETE OTHER SIDE.** 

Medical History/Conditions: List any serious illnesses, accidents, hospitalizations or surgery (include age): \_\_\_\_\_

Condition	YES	NO	Condition	YES	NO										
Asthma? Last Attack? _____ Rescue inhaler should be kept at school? (circle) Yes No	_____	_____	Neurological Concerns? Seizures? Type _____ Last known seizure _____ Medication (name) _____	_____	_____										
Attention Deficit Disorder _____ ADHD/ ADD medication at home? _____ ADHD/ ADD medication at school _____	_____	_____	Skin Conditions? Explain: _____ Location? _____ Frequent Nosebleeds? _____	_____	_____										
Diabetes _____ Blood glucose check at school? _____ Medication at school or at home (circle) _____	_____	_____	Bone or muscle problems? Explain: _____  Dental Pain or decay? _____ Stomach problem? Explain: _____	_____	_____										
Headaches ( $\geq 2$ per week) Migraines diagnosed by MD? Medication at school (name) _____	_____	_____	Bladder problem? Explain: _____	_____	_____										
Emotional/Behavior Issues _____ Describe: _____ Medication at home or at school (circle) _____ Name of medication: _____	_____	_____	Other Health Issues Not Listed? (e.g. blood disorder, cancer, respiratory disease) Explain: _____	_____	_____										
History of head injury? _____ Loss of consciousness? _____ Concussion? _____ Behavior changes after injury? Explain: _____	_____	_____	<b><u>ALLERGIES: List type of allergy (food, insect, medication), type of reaction (e.g. rash, trouble breathing, tongue swells), and medication that will be used at school for severe allergic reaction.</u></b>  <table style="width: 100%; border-collapse: collapse;"> <tr> <th style="width: 30%;">Type of Allergy</th> <th style="width: 30%;">Describe Reaction</th> <th style="width: 40%;">Medication</th> </tr> <tr> <td>1. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>2. _____</td> <td>_____</td> <td>_____</td> </tr> <tr> <td>3. _____</td> <td>_____</td> <td>_____</td> </tr> </table>	Type of Allergy	Describe Reaction	Medication	1. _____	_____	_____	2. _____	_____	_____	3. _____	_____	_____
Type of Allergy	Describe Reaction	Medication													
1. _____	_____	_____													
2. _____	_____	_____													
3. _____	_____	_____													
Hearing concerns? Explain: _____	_____	_____													
Vision concerns? Explain: _____  Wears glasses or contact lenses at school? (circle) Last eye exam _____	_____	_____													
Heart concerns? Explain: _____	_____	_____	Does your student have a 504 Plan? YES NO Does your student have an IEP? YES NO Does your student have a health condition that impacts educational success or requires special equipment, therapy, or assistance? Describe: _____												
Limitations/Restrictions at school? _____	_____	_____													

Please continue to the other side



## MONTEZUMA-CORTEZ RE: 1 MEDICINE PERMISSION CONSENT

Over-the-counter medication is available on a limited basis during the school day. I give permission for my student to be given **one recommended dose** of any of the following medications during the school day as needed in accordance with district policy and as approved by the school-appointed physician. Kindergarten students do not receive over-the-counter medication at school.

**PLEASE INITIAL each over-the-counter medication you want your child to be able to have during the school day according to school policy.**

Acetaminophen (Tylenol) 325 mg – 650 mg per protocol-----INITIAL \_\_\_\_\_  
Ibuprofen 400 mg (Motrin, Advil) 200 mg – 400 mg per protocol -----INITIAL \_\_\_\_\_  
Cough Drops (may contain menthol/eucalyptus) 2 maximum/day-----INITIAL \_\_\_\_\_  
Calamine Lotion per protocol-----INITIAL \_\_\_\_\_  
Antibiotic ointment per protocol-----INITIAL \_\_\_\_\_  
Antacid 2 chewable tablets (Tums) 2 for age 12 and older-----INITIAL \_\_\_\_\_



\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**

## PARENT/GUARDIAN CONSENT FOR INCLUSION OF RECORDS IN THE COLORADO IMMUNIZATION REGISTRY

With parent/guardian consent, Montezuma-Cortez School District Re-1 will share student immunization records with the Colorado Department of Public Health and Environment for inclusion in the Colorado immunization registry pursuant to C.R.S. 25-4-2401 et seq. Your consent is entirely voluntary. If you consent to inclusion of your child's records in the immunization registry, you may revoke such consent in writing at any time.

☐ **I consent** to Montezuma-Cortez School District RE-1 sharing my child's immunization records with the Colorado Immunization Information System (CIIS).

☐ **I do not consent** to Montezuma-Cortez School District RE-1 sharing my child's immunization records with the Colorado Immunization Information System (CIIS).



\_\_\_\_\_  
**PARENT/GUARDIAN SIGNATURE**

\_\_\_\_\_  
**DATE**



## IN CASE OF AN EMERGENCY, AND IF I AM NOT AVAILABLE, PLEASE CONTACT:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_



## FOOD ALLERGY POLICY AND FORM

The Montezuma-Cortez School District RE-1 has a food allergy and anaphylaxis policy which is available from your school nurse. The Standard Allergy and Anaphylaxis Form is included in the registration packet for your convenience. Rescue medication cannot be administered or carried by the student without medical provider orders and parent permission.