

Montezuma-Cortez RE: 1 SCHOOL DISTRICT STUDENT HEALTH HISTORY
Registration/Annual Update Pre-School

Date _____ Student's Legal Name _____ Male/Female Birth Date _____ Grade _____
 Parent/Guardian _____ Day Phone: Mom _____ Dad _____ Cell _____
 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 (≥ 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: _____	____	____	<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> <table border="0"> <tr> <td>Type of Allergy</td> <td>Describe Reaction</td> <td>Medication</td> </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: _____ Limitations/Restrictions at school? _____	____	____	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: _____ _____														

PLEASE CONTINUE ON OTHER SIDE 



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. A Standard Allergy and Anaphylaxis Form is included with the registration packet for your convenience. Rescue medication cannot be administered or carried by the student without medical provider orders and parent permission.

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 I AM NOT AVAILABLE, PLEASE CONTACT:

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

RECOMMENDATIONS FOR WELL-CHILD PHYSICAL EXAMS

The school district strongly recommends that all students entering kindergarten and seventh grade should have had a recent physical. Well-child physical exams are available through the Southwest School-Based Health Center, a cooperative endeavor between Southwest Medical Group and the RE-1 School District. If you would like to schedule a well-child exam or need assistance enrolling your child in Medicaid or other insurance, please call (970) 564-4855 or talk to your school nurse. Sports physical exams are also available.