



New Horizons Charter Academy

STUDENT HEALTH HISTORY 2019-20

Student's Legal Last Name Student's First Name Full Middle Name Grade Birth Date

Please check the appropriate box of any conditions that apply and give a brief explanation in the space provided at the bottom of this form. List all health conditions including those from previous years. Please notify the school administrator at your child's school of any changes in your child's health condition or change of medication.

No Known Health Problems

- Allergy - SEVERE
Requires EPIPEN/medication
Allergy - List type and symptoms below
Arthritis - List below
Asthma - Requires medication or inhaler
Attention Deficit Disorder -ADD/ADHD - List medication below
Autism
Chromosomal Disorder, list below
Blood Disorder, list below
Downs Syndrome
Cancer - List type
Cerebral Palsy
Cleft Palate/Lip
Confidential Health Problem - Call School Office
Cystic Fibrosis
Diabetes, Type I- Insulin dependent -Requires meeting with School Admin.
Diabetes, Type II - Requires meeting with School Administrator
Eating Disorders/physician diagnosed
Endocrine Disorder
Gastrointestinal Condition, list below
Growth Disorder, explain below
Head Injury/Concussion
Hearing Impairment, list hearing aids if needed

- Heart Disease /Cardiovascular Condition, explain below
Hemophilia - Call School Office
Hypoglycemia/physician diagnosed
Kidney Disorder/Disease, List below
Medication Taken at Home, List below
Medication Needed atSchool
Requires physician order - form on NHCA website
Migraines/physician diagnosed - List medication below
Multiple Sclerosis
Muscular Dystrophy
Muscular - Skeletal Condition
Neurological Condition
Nosebleeds - Severe
Orthopedic Impairment
Osgood - Schlatter Disease
Physician note required if activity is restricted
Physical Activity Limitations, Requires physician note
Seizure Disorder, list medications, describe symptoms
Diastat - Requires meeting with School Admin. Requires Diastat physician order Physician order form on NHCA website
Speech Impairment
Visual Impairment
Other health problems not listed

All medication given at school (prescribed or over the counter) and/or student is carrying an inhaler requires a physician's note (forms are available on NHCA website).

EXPLANATION

Medical Transport- I authorize emergency personnel (medical, dental, paramedic, ambulance) to transfer and treat said minor in the event that the minor's parent/guardian cannot be reached. I understand that, its officers and employees assume no liability of any nature in relation to the transportation or treatment of the said minor.

Health Care Coverage - Your child and family may be eligible for free or low-cost health coverage. For information about health care coverage options and enrollment assistance, go to www.CoveredCA.com.

Disclosure of Food Allergy Information - I hereby authorize NHCA to disclose health information, related to my child's food allergy, to the Child Nutrition Department. This authorization shall remain in effect for one year from the date of signature. I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to NHCA

By signing below, I have authorized my permission for medical transport and disclosure of food allergy information.



Parent Signature

Date