

Health History

Healthy Kids Clinic PO Box 2399
Russell Springs, KY 42642
Toll Free: (844) 435-0900

Family History

Please label below with C for child, M for mother, F for father, S for sibling, and G for grandparent

Does your child or the child's immediate family have a history of:

- | | | |
|---|---|---|
| <input type="checkbox"/> No Problems | <input type="checkbox"/> Urinary Problems | <input type="checkbox"/> HIV/AIDS |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Tonsils/Adenoids Removed | <input type="checkbox"/> Hepatitis A, B, or C |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Ear Tubes | <input type="checkbox"/> Other (please list): _____ |
| <input type="checkbox"/> Heart Murmur/Congenital Heart Defect | <input type="checkbox"/> Hernia | _____ |
| <input type="checkbox"/> High Blood Pressure | <input type="checkbox"/> Frequent Sore Throats | _____ |
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Eye Problems/Wear Glasses | Has your child had any of the following diseases: |
| <input type="checkbox"/> Thyroid Problems | <input type="checkbox"/> Kidney Disease | <input type="checkbox"/> Chickenpox |
| <input type="checkbox"/> Epilepsy/Seizures | <input type="checkbox"/> ADHD | <input type="checkbox"/> Meningitis |
| <input type="checkbox"/> Gastric Reflux | <input type="checkbox"/> Depression/Anxiety/Mood Disorder | <input type="checkbox"/> RSV |
| <input type="checkbox"/> Frequent Ear Infections | <input type="checkbox"/> Development Learning Problems | |

Medications

Does your child currently take any medications? Yes No

Please list any medications with current dose (how much and how often): _____

Allergies

Is your child allergic to environmental factors (bees, latex, nuts, food, etc.) or medications? Yes No

Please list any allergies with type of reaction (rash, lips swelling, can't breathe, etc.):

Name of Allergen	Type of Reaction
_____	_____
_____	_____

Consent

Please read carefully, COMPLETE FORM, SIGN, and DATE. Student should return this form to their homeroom teacher. Please notify Healthy Kids Clinic if there any health changes or a change in guardianship. Consent will not expire until your child leaves the District or the Healthy Kids Clinic is notified in writing that you wish to revoke such.

I give my consent for _____
Student's Full Name
Birth Date
Social Security Number

to receive the following services at Cumberland Family Medical Center, Inc. School Based Health Centers (**PLEASE INITIAL**):

- All Services**
- School Nurse Services** (including illness assessment and emergency medication administration)
- Medications to be given:
- | | |
|--|---|
| <input type="checkbox"/> Tylenol | <input type="checkbox"/> Antibiotic Ointment (Polysporin) |
| <input type="checkbox"/> Motrin/Advil | <input type="checkbox"/> Anti-itch Spray |
| <input type="checkbox"/> Anti-acids (Tums) | <input type="checkbox"/> Claritin (for allergies) |
| <input type="checkbox"/> Benadryl | <input type="checkbox"/> Cough Drops |
| <input type="checkbox"/> Aloe Vera | <input type="checkbox"/> Sunscreen |
- Nurse Practitioner/Physician Assistant Services** (parent/guardian will be notified prior to visit)
- KHSAA Sports Physical**
- Sick Visits** (cold flu, strep, stomach virus, ear infections, etc.) - including tests for strep, flu, mono, lab work and antibiotic/steroid injections (with provider order and parental/guardian consent); basic wound care, suture/suture removal (with parental/guardian consent)
- Preventive Well Child Exams including School Physical** (recommended by the American Academy of Pediatrics for all kids up to age 21 years to evaluate growth, vision, motor/cognitive/social development, and early detection and treatment of disease)
- Immunizations** (required for entry into Kindergarten and 6th grade and other optional vaccines offered) - with provider order and parent will be notified prior to the administration and will be required to sign a separate consent
- Dental Exams** (exam, cleaning, fluoride, sealants, and x-rays if needed)
- No Services at this time**

SIGNATURE REQUIRED

_____ Parent/Guardian Signature	_____ Print Name	_____ Date
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