

Confidential Student Health Update

 Student's Name Date of Birth Gender Grade Daytime Phone Number

 Physician (____) _____ _____
 Physician's Phone Number Hospital Preference

Does the student have:	No	Yes	Please explain "yes" answers
ADD/ADHD (please specify)			
Allergies (food, environmental, medication) Please see the nurse if you feel your child has an allergy that requires any interventions at school.			
Asthma/Reactive Airway Disease If yes, does your child use an inhaler or nebulizer?			
Bone, joint, muscle concerns			
Bowel problems			
Congenital birth defects			
Depression			
Diabetes			
Emotional/behavioral concerns			
Glasses/contacts			
Hearing aid(s) /concerns			
Heart condition			
Hepatitis			
Herpes (cold sores)			
Medical procedures needed at school			
Medication given at home Please list medication names			
Migraines/headaches			
Problem that would interfere with PE or physical movement.			
Seizures neurological disorder			
Skin conditions			
Speech concerns			
Urinary Problems			
Other			
Other			

✚ For **all** medications given at school, please complete the enclosed Request for Giving Prescription and Nonprescription Medication at School form.

Is the student covered by insurance:	No	Yes	Type:
Private Health Insurance			
Title 19			
Hawk-I Insurance			
Dental Insurance			
Other			

Consent for Medical Treatment

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Iowa law requires a parent's or legal guardian's written consent before their child can receive emergency medical treatment, unless in the opinion of the physician, the treatment is necessary to prevent serious injury or death. As the legal parent/legal guardian of the child named on this form, I authorize emergency medical treatment or hospitalization that is necessary in the event of an accident or illness of my child. I also give permission to the school nurse, team physician, or other qualified personnel to render first aid in the event of an accident or illness or until emergency personnel arrive. I understand that this written authorization is given with the understanding that every reasonable attempt will be made to contact me. I have insurance that will cover individual medical emergencies that may occur while my child is participating in interscholastic contests and practices as a student of Martensdale-St.Marys. I understand that to participate in school athletics, a child must have insurance coverage and that the school does not have insurance to cover individual student accidents. I consent to have my child's medical information shared with school staff unless I specifically request that the information not be shared.

Signature _____ Date _____

Request to give Medication at School

School medications and health care services are administered following these guidelines:

Permission for OTC Medications

*Parents must supply medication for use at school. The medication will be kept in the nurse's office and **must** be in the original container.*

Yes _____	No _____	Acetaminophen (Tylenol)-according to package directions
Yes _____	No _____	Ibuprofen (Motrin, Advil)-according to package directions
Yes _____	No _____	Benadryl or Sudafed
Yes _____	No _____	Antacid tablets
Yes _____		Other _____

Permission for Prescription Medications

Name of Medication: _____

Medication Dosage: _____

Dates/Time to be given _____

Prescription medications must be presented in the prescription container with label containing the student name, medication, directions for use and date.

I request the above student be given the medication at school by qualified staff, according to the prescription or nonprescription instructions, and a record maintained. The student has experienced no previous side effects from the medication. I further agree that school personnel may contact the doctor/prescriber as needed and that medication information may be shared with school personnel who need to know.

I understand the law provides that there shall be no liability for civil damages as a result of the administration of medication where the person administering the medication acts as an ordinarily reasonably, prudent person would under the same or similar circumstances. I agree to provide safe delivery of medication and equipment to and from school and to pick up remaining medications and equipment.

Parent/Guardian Signature _____ Date _____

HEADS UP: Concussion in High School Sports

The Iowa Legislature passed a new law, effective July 1, 2011, regarding students in grades 7 – 12 who participate in extracurricular interscholastic activities. Please note this important information from Iowa Code Section 280.13C, Brain Injury Policies:

- (1) A child must be immediately removed from participation (practice or competition) if his/her coach or a contest official observes signs, symptoms, or behaviors consistent with a concussion or brain injury in an extracurricular interscholastic activity.
- (2) A child may not participate again until a licensed health care provider trained in the evaluation and management of concussions and other brain injuries has evaluated him/her and the student has received written clearance from that person to return to participation.
- (3) Key definitions:
 - “**Licensed health care provider**” means a physician, physician assistant, chiropractor, advanced registered nurse practitioner, nurse, physical therapist, or athletic trainer licensed by a board.
 - “**Extracurricular interscholastic activity**” means any extracurricular interscholastic activity, contest, or practice, including sports, dance, or cheerleading.

What is a concussion?

A concussion is a brain injury. Concussions are caused by a bump, blow, or jolt to the head or body. Even a “ding,” “getting your bell rung,” or what seems to be a mild bump or blow to the head can be serious.

What parents/guardians should do if they think their child has a concussion?

1. **OBEY THE NEW LAW.**
 - a. Keep your child out of participation until s/he is cleared to return by a licensed healthcare provider.
 - b. Seek medical attention right away.
2. Teach your child that it’s not smart to play with a concussion.
3. Tell all of your child’s coaches and the student’s school nurse about ANY concussion.

What are the signs and symptoms of a concussion?

You cannot see a concussion. Signs and symptoms of concussion can show up right after the injury or may not appear or be noticed until days after the injury. If your teen reports one or more symptoms of concussion listed below, or if you notice the symptoms yourself, keep your teen out of play and seek medical attention right away.

STUDENTS:

If you think you have a concussion:

- **Tell your coaches & parents** – Never ignore a bump or blow to the head, even if you feel fine. Also, tell your coach if you think one of your teammates might have a concussion.
- **Get a medical check-up** – A physician or other licensed health care provider can tell you if you have a concussion, and when it is OK to return to play.
- **Give yourself time to heal** – If you have a concussion, your brain needs time to heal. While your brain is healing, you are much more likely to have another concussion. It is important to rest and not return to play until you get the OK from your health care professional.

IT’S BETTER TO MISS ONE CONTEST THAN THE WHOLE SEASON.

Signs Reported by Students:

- Headache or “pressure” in head
- Nausea or vomiting
- Balance problems or dizziness
- Double or blurry vision
- Sensitivity to light or noise
- Feeling sluggish, hazy, foggy, or groggy
- Concentration or memory problems
- Confusion
- Just not “feeling right” or is “feeling down”

PARENTS:

How can you help your child prevent a concussion?

Every sport is different, but there are steps your children can take to protect themselves from concussion and other injuries.

- Make sure they wear the right protective equipment for their activity. It should fit properly, be well maintained, and be worn consistently and correctly.
- Ensure that they follow their coaches’ rules for safety and the rules of the sport.
- Encourage them to practice good sportsmanship at all times.

Signs Observed by Parents or Guardians:

- Appears dazed or stunned
- Is confused about assignment or position
- Forgets an instruction
- Is unsure of game, score, or opponent
- Moves clumsily
- Answers questions slowly
- Loses consciousness (even briefly)
- Shows mood, behavior, or personality changes
- Can’t recall events prior to hit or fall
- Can’t recall events after hit or fall

Information on concussions provided by the Centers for Disease Control and Prevention.

For more information visit: www.cdc.gov/Concussion

Student’s Signature

Date

Student’s Printed Name

Parent’s/Guardian’s Signature

Date

Student’s School