

# Ricks Institute

## Yearly Updated Health History

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Year: 20\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Male:  Female

Parent/Guardian's Name: \_\_\_\_\_ Cell #: \_\_\_\_\_

Address \_\_\_\_\_

**Please explain responses of yes.**

	Yes	No	Explain
1.Has been medically advised not to participate in any sport, and the reason for such			
2.Is under a physician's care and the reason for such care			
3.Has experienced loss of consciousness after an injury			
4.Has experienced a fracture or dislocation			
5.Has undergone any surgery			
6.Takes medication on daily/or periodic basis: name and reasons			
7.Has allergies, including, medicines, asthma, stinging insects, or food allergies-list medication used.			
8.Has experienced frequent chest pains or palpitations			
9.Has a recent history of fatigue or undue tiredness			
10.Has a history of fainting with exercise			
11.Has a bleeding tendency			
13.Has a vision defect: wears glasses, wears contacts			
15.Has a loss or seriously impaired function of a paired organ(eye, ear, testicle, kidney)			
16.Has had a dental checkup by a dentist within the year (explain no)			
17.If the child had a dental checkup, did the child have cavities			
18.Has experienced rashes, pressure sores, other skin problems			

I certify that the answers to the above questions are true and accurate.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

**Note to parents/guardians: ADMINISTERING MEDICATION TO STUDENT**

All medications (whether prescription or over the counter) shall be brought to school by the parent/guardians of pupil and shall be picked up at the end of the period of medication. Ricks Institute is not responsible for any diagnosis and treatment of pupil illness beyond her expertise. The administration of medication to a pupil during school hours will be permitted only when failure to take such medicine would jeopardize the health of the pupil, or the pupil would not be able to attend school if the medicine were not made available to him/her during school hours. Ricks Institute considered "medication" to include all medicines prescribed by a physician for a particular pupil and all over the counter medications. Medication acquired by parents/guardians shall require the written request of the parent/guardian who shall give permission for such administration and relieve the institution and its employees of liability for administration of medication. In addition, the school requires the written order of the physician (even for over the counter medication), which shall include:

- A. Name of each Medication
  - B. The purpose of each medication
  - C. The dosage of each medication
  - D. The time which or the special circumstances under which each medication shall be administered
  - E. The length of time for which each medication is to be taken.
  - F. The possible side effects of each medication.
- 

NAME: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

DIAGNOSIS: \_\_\_\_\_

MEDICATION: _____	Dosage: _____	Frequency/Time: _____
MEDICATION: _____	Dosage: _____	Frequency/Time: _____
MEDICATION: _____	Dosage: _____	Frequency/Time: _____
MEDICATION: _____	Dosage: _____	Frequency/Time: _____

**POSSIBLE SIDE EFFECTS OF MEDICATION**

- #1: \_\_\_\_\_
- #2: \_\_\_\_\_
- #3: \_\_\_\_\_
- #4: \_\_\_\_\_

The school nurse has permission to administer the above medication as prescribed.

PHYSICIAN'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

PARENT'S SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

SCHOOL NURSE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_