

TANQUE VERDE UNIFIED SCHOOL DISTRICT

STUDENT HEALTH HISTORY (TO BE COMPLETED BY PARENT OR LEGAL GUARDIAN)

ACES

TVES

EGJH

TVHS

SCHOOL YEAR _____ - _____

Student's Name _____ Gender M F DOB _____ Grade _____

Is your son/daughter allergic to any medication, food, etc? (If yes, list) _____

Please describe reaction: _____

Does your child use/require an epi pen: Yes No

Is your child on any medication? (If yes, list) _____

Does your child need to carry emergency medication with them at school? Yes No If yes, please see the school nurse to authorize use of medication at school.

Does your child have the following: Chronic Illness Yes No IEP Yes No 504 Yes No

Has your child ever had, or do they presently have any of the following? (If yes, indicate year condition began)

	Year		Year
ADD/ADHD	Yes _____	Hearing Trouble/Aids	Yes _____
Allergy	Yes _____	Cardiovascular Disorder	Yes _____
Anemia	Yes _____	Hepatitis	Yes _____
Anxiety	Yes _____	Hernia (Rupture)	Yes _____
Arthritis	Yes _____	Hives	Yes _____
Asthma	Yes _____	Kidney Trouble	Yes _____
Autism Spectrum Disorder	Yes _____	Lactose Intolerance	Yes _____
Bladder Control Issues	Yes _____	Loss of Consciousness	Yes _____
Bleeding Disorder	Yes _____	Menstrual Cramps	Yes _____
Bowel Control Issues	Yes _____	Mononucleosis	Yes _____
Concussion	Yes _____	Musculoskeletal Issues	Yes _____
Depression	Yes _____	Nosebleeds (chronic)	Yes _____
Diabetes	Yes _____	Rheumatic Fever	Yes _____
Ear Infections (chronic)	Yes _____	Scoliosis	Yes _____
Eating Disorders	Yes _____	Sinus Trouble (chronic)	Yes _____
Eczema (skin rash)	Yes _____	Sore Throat (chronic)	Yes _____
Emotional Problems	Yes _____	Stomach Ache (chronic)	Yes _____
Epilepsy (Seizure)	Yes _____	Substance Abuse	Yes _____
Fainting	Yes _____	Tuberculosis	Yes _____
Gastrointestinal Issues	Yes _____	Valley Fever	Yes _____
Headache/Migraine	Yes _____	Vision Issues (glasses/contacts)	Yes _____

Surgeries and/or history of bone fracture or orthopedic injury, including dates: _____

If you circled "YES" for any of the above, please describe nature of illness, injury or surgery: _____

Also, please list any other information you feel would assist the staff in caring for your child or if your child has any special needs:

Tanque Verde Unified School District #13
2300 North Tanque Verde Loop Road
Tucson, AZ 85749
520-749-5751
tanqueverdeschools.org

- Agua Caliente Elementary Tanque Verde Elementary Emily Gray Junior High Tanque Verde High School

I (we) the undersigned parent or legal guardian of _____, a minor, do hereby authorize and consent to any x-ray examination, anesthetic, medical or surgical diagnosis rendered under the general or special supervision of any member of the medical staff and emergency room staff licensed under the provisions of the Medical Practice Act or a dentist licensed under the provisions of the Dental Practice Act and/or the staff of any acute general hospital holding a current license to operate a hospital from the State Department of Public Health. It is understood that this authorization is given in advance of any specific diagnosis, treatment, or hospital care being required but is given to provide authority and power to render care which the aforementioned physician, in the exercising of his/her best judgment, may deem advisable. It is understood that efforts shall be made to contact the undersigned prior to transporting the student to an emergency facility or the rendering of treatment to the patient by such facility but that any of the above treatment will not be withheld if the undersigned cannot be reached.

This authorization is given pursuant to the provisions of the Civil Code.

YOU ARE PRESUMED ALREADY TO HAVE CONSENTED TO EMERGENCY TREATMENT NECESSARY TO PRESERVE LIFE AND LIMB.

List any restrictions: _____

Printed name of parent or guardian: _____

Signature of parent or guardian: _____

Date: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: Home: _____ Cell: _____ Work: _____

Family Physician: _____

As parent/guardian, it is your responsibility to update the school any time there are changes in your address or phone number.

This consent shall remain effective until rescinded in writing.