



SANTA FE INDIAN SCHOOL

Department of Student Wellness

Santa Fe Indian School School Health Center

**** TEAR THIS COVER OFF AND KEEP FOR YOUR RECORDS ****

This packet is for the Santa Fe Indian School *Health Center* (School Nurses Office). We require these documents to be updated annually.

School Health Center Services:

- Nursing assessment and triage for student illness and injury.
- Referrals
- Provide some over the counter medications with (parental consent)
- Prescription medication administration (ONLY WITH A CURRENT MEDICATION AUTHORIZATION FORM SIGNED BY PRECRIBING PHYSICIAN ON FILE)
- Communication with parents/guardians about student health needs.
- Confidential health services (parental consent not required):
 - STD Prevention
 - Pregnancy Testing
 - Contraceptive
 - Drop-In counseling services

School Health Center 505-216-7418

Student Name _____ DOB _____ Grade _____ F _____ M _____
(Last Name, First Name)

Your student's health history is important to provide the best care at school. It is the responsibility of the parent/guardian to notify the school of NEW or EXISTING health concerns. If your student is prescribed medication or a treatment at school, it is the responsibility of the parent or guardian to notify the school and provide the medication or necessary equipment for use at school. Please be advised that the health center staff may ask for more documentation on your student's health history.

Last Physical Exam _____ Healthcare Provider/Facility _____
Last Dental Exam _____ Dental Provider/Facility _____
Last Vision _____ Vision Specialist/Facility _____

My student has the following (NEW or EXISTING) medical condition(s) (Check all that apply)

HEAD

- Concussion (loss of consciousness)
Concussion (no loss of consciousness)
Migraines (diagnosed)
Frequent Headaches
Seizures
Other

EYES

- Vision Concerns
Glasses/Contacts
Vision Loss (both/one eye)
Other

BONE/MUSCLE JOINT

- Muscular concerns
Knee, back, bone or joint concerns
Scoliosis
Other

ENDOCRINE/BLOOD

- Diabetes/TYPE I
Diabetes/TYPE II
Blood Disorder
Other

EAR/NOSE/THROAT/MOUTH

- Frequent earaches/infections
Hearing loss/condition
Hearing aid
Speech problems
Other

ABDOMEN/INTESTINAL URINARY

- Frequent Stomachaches
Urinary or Bowel concerns
Other

ALLERGIES

- Anaphylactic shock
Any Anaphylactic symptoms to (food, nuts, stings etc.)
Allergies (airborne, animals, medications, food, latexes. etc.)
Allergies, Latex
Lactose Intolerance
Other

EMOTIONAL/ BEHAVIORAL/ PSYCHOLOGICAL

- Mental/emotional concerns
Other

SKIN

- Skin Concerns
Other

CHROMOSOME/ GENETIC

- Down Syndrome
Other

HEART/LUNG

- Asthma
Heart Condition
Other

OTHER

-

If checked please give a brief description:

Blank lines for providing a brief description of medical conditions.

My child has NO (new or existing) health concerns. (By checking this box, you agree to communicate with the school regarding new health concerns during the school year.)

Medication Administration – Any prescription medication (long/short term) that will need to be administered by the school nurse, needs to have a Medication Authorization form. This form must be signed by the parent/guardian and prescribing provider (MD, DO, ANP, PA etc.) All Medications need to be in a properly labeled pharmacy container.

- LONG-TERM Prescribed Medication
- SHORT-TERM Prescribed Medications
- ❖ My child will require the following emergency medication(s) at school, check all that apply (parent/guardian must provide):
 - Epinephrine (EpiPen or Auvi-Q)
 - Rescue Inhaler (Albuterol)
 - Glucagon
- ❖ My child will require the following plan or other treatment at school (check all that apply):
 - Student Allergy/Anaphylaxis Action Plan
 - Asthma Action Plan
 - Individualized Healthcare plan – Diabetes with/without injection
 - Individualized Healthcare plan – Diabetes with pump
 - Seizure Action Plan
 - Other treatment in school

*Release of Information: The disclosure of health information within the school is limited to information necessary to serve the student’s health and education interests. Your *voluntary* agreement gives permission for the school staff to be informed of precautions and procedures necessary to protect your child at school and foster academic success.

- I AGREE
- I DISAGREE

Parent/Guardian Signature _____ Date _____

