



The Lutheran High School of Kansas City

Student Health History and Agreement for Medical Treatment

Student Name: _____ Birthdate (MM/DD/YYYY): _____

Parent/Guardian #1 Name: _____ Phone #: _____

Parent/Guardian #2 Name: _____ Phone #: _____

Emergency Contact: _____ Emergency Phone #: _____

Primary Physician: _____ Physician Phone #: _____

Preferred Hospital: _____ Gender: Male Female

MEDICAL CONDITIONS

Please check all that apply, explain, and notate if treated with medication.

No Yes Glasses/Contacts Date of last eye evaluation: _____

No Yes Hearing Aids Date of last hearing exam: _____

No Yes Severe Allergies (list cause/type of reaction?) _____

No Yes Severe Asthma (list trigger/treatment) _____

No Yes Diabetes (describe treatment) _____

No Yes Seizure Disorder (type/date of last seizure) _____

No Yes Sleep Disorder (type) _____

No Yes Head Trauma (date) _____

No Yes Heart Condition _____

No Yes High Blood Pressure _____

No Yes Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder _____

No Yes Any Other Chronic Illness/Disease or Recurring Condition _____

IMMUNIZATIONS

A current copy of immunizations MUST be provided to the front office.

NOTICE OF INSURANCE

We understand that the Lutheran High School Association does not carry medical expense insurance for the benefit of any student who may be injured during school, or while participating in athletics or other activities, and that the Lutheran High School Association assumes no responsibility for such medical expenses. We further understand that while the MSHSAA DOES require ALL STUDENT ATHLETES to have personal health insurance coverage, Lutheran High School of Kansas City strongly encourages ALL parents, to provide some form of health insurance for their son or daughter, either permanent or through purchase of a supplemental individual insurance policy.

Yes No Insurance (either permanent or supplemental) is self-provided for son/daughter.

All student health information is considered confidential. It may be shared with staff or emergency medical services, as needed, during the time your child is enrolled at the Lutheran High School of Kansas City in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

MEDICATION ADMINISTRATION CONSENT

State law requires written permission before any medication (prescription or over-the-counter) can be administered at school. All Prescription medications require completion of a separate Authorization Form (obtained in the LHSKC office). Prescription medication shall be in the original container and labeled with the child's name, instructions, including times and amounts for dosages, and the Physician's name. All non-prescription medication shall be in the original container and labeled by the parent(s) with the child's name and instructions for administration, including times and amounts for dosages.

Students should not carry medications in their backpacks, purses, pockets, etc. An exception to this policy would be if a student needs to carry an inhaler or life-saving devices (such as an anaphylactic kit).

Yes No Student is able to carry his/her own inhaler.

Yes No Student is able to carry his/her own Epi-pen.

Non-Prescription Medications	Dosage	Frequency	Start Date	End Date	Considerations/Side Effects
<i>Tylenol</i>					
<i>Ibuprofen</i>					

As the parent or guardian of the above mentioned student, I hereby give Lutheran High School of Kansas City permission to administer the above medication(s) to my child. I further give my permission for school personnel to contact the prescribing physician as needed to clarify instructions or share appropriate information. I agree to notify the school of any changes to the above medication instructions.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

AGREEMENT FOR MEDICAL TREATMENT / TREATMENT OF A MINOR

I/We authorize Lutheran High School and its representatives to administer medical treatment, during school and at school sponsored events, to an ill or injured student unless a certified athletic trainer, an emergency medical technician, or a physician is in attendance. If the illness/injury occurs on the LHSKC campus, and appears to be serious, emergency response will be contacted for treatment. If an injury occurs away from the LHSKC campus, emergency medical treatment will be provided as is reasonably available. The parents/guardians of the student requiring medical assistance will be notified as soon as practical after an incident occurs. In an emergency, this notification may not occur until after treatment has started.

I/We authorize Lutheran High School to consent to any medical treatment or care on behalf of a student which is deemed advisable by, and is to be rendered under, the general or special supervision of any physician and/or surgeon licensed under the provisions of the Medical Practice Act on the medical staff of a licensed hospital whether such diagnosis or treatment is rendered at the office of said physician or at said hospital. 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 give specific consent to any and all such diagnosis, treatment, or hospital care which the medical professional in the exercise of their best judgment may deem advisable.

I authorize appropriate medical treatment for my child, while a student at Lutheran High School of Kansas City.

Parent/Guardian Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____