

AGUA FRIA UNION HIGH SCHOOL DISTRICT # 216

AGUA FRIA HIGH SCHOOL

530 E. Riley Dr.
Avondale, AZ 85323
(623) 932 – 7300

MILLENNIUM HIGH SCHOOL

14802 W. Wigwam Blvd.
Goodyear, AZ 85395
(623) 932 – 7200

DESERT EDGE HIGH SCHOOL

15778 W. Yuma Rd.
Goodyear, AZ 85338
(623) 932 – 7500

VERRADO HIGH SCHOOL

20050 W. Indian School Rd.
Buckeye, AZ 85396
(623) 932 – 7400

Dear Parent/Guardian:

Enclosed are three (3) necessary medical items for you to complete and return to the Health Center as soon as possible.

The information given on the “Emergency Medical Card” allows us to contact someone in case of an emergency. The “Standing Medical Orders” also provides your choice for health care should your student require medical attention. It is imperative that the enclosed forms are returned annually with student registration materials.

Thank you for your cooperation. If you have questions or concerns, please feel free to contact us.

Sincerely,

Student Health Coordinator
Agua Fria High School
(623) 932-7300 ext. 11015/16

Student Health Coordinator
Desert Edge High School
(623) 932-7500 ext. 13015

Student Health Coordinator
Millennium High School
(623) 932-7200 ext. 12044/46

Student Health Coordinator
Verrado High School
(623) 932-7400 ext. 14144

AGUA FRIA UNION HIGH SCHOOL DISTRICT # 216

EMERGENCY HEALTH AND MEDICAL CARD

(TO BE FILLED OUT BY PARENT/GUARDIAN, PLEASE ANSWER EVERY QUESTION AND SIGN)

NAME _____ GRADE _____ AGE _____ SEX _____

LAST FIRST MIDDLE INITIAL

ADDRESS _____ CITY _____

STATE _____ ZIP CODE _____ BIRTHDATE _____

PARENT/GUARDIAN NAME _____ PARENT/GUARDIAN NAME _____ HOME PHONE _____

PARENT/GUARDIAN PLACE OF BUSINESS _____ PARENT/GUARDIAN BUSINESS PHONE _____

PARENT/GUARDIAN PLACE OF BUSINESS _____ PARENT/GUARDIAN BUSINESS PHONE _____

IN CASE OF EMERGENCY: IF PARENTS/GUARDIANS ARE NOT IMMEDIATELY AVAILABLE, CONTACT:

NAME _____ RELATIONSHIP _____ TELEPHONE _____

PHYSICIAN _____ TELEPHONE _____

HOSPITAL _____ TELEPHONE _____

INSURANCE COVERAGE

NAME OF INSURANCE _____ POLICY ID _____ COUNTY HEALTH CARD _____

If the parent/guardian cannot be reached, the school has my permission to arrange for emergency medical attention. (Without such permission, the school assumes no responsibility for emergency attention.)

Each student may be required to present evidence that his physical condition permits safe, healthy participation in the school program. In the absence of such evidence, the school physicians may be requested to examine the student.

YES NO (INITIAL PLEASE)

STUDENT MAY BE GIVEN: **ADVIL** YES _____ NO _____ (Initial Please) **TYLENOL** YES _____ NO _____ (Initial Please)

SIGNATURE OF PARENT OR GUARDIAN _____

This card **MUST** be completely filled out, signed and returned before your student will be permitted to attend classes.

If new student, please complete information below:

PREVIOUS SCHOOL _____ ADDRESS _____ ZIP CODE _____

MEDICAL HISTORY (To be filled out by Parent or Guardian)

PLEASE CHECK IN COLUMN IF APPLICABLE:

CHECK HERE

ADD/ADHD	
ALLERGIES	
ASTHMA	
CONVULSIVE DISORDER	
CRIPPLING CONDITION	
EYE CONDITION	
CHEST CONDITIONS	
CHICKEN POX	
DIABETES	
EYE, EAR, NOSE DISEASE	
HEART CONDITION	
MEASLES	
GERMAN MEASLES	
MUMPS	
STREP INFECTION OR SCARLET FEVER	
RHEUMATIC FEVER	
TONSILLITIS	
VALLEY FEVER	
WHOOPING COUGH	
TUBERCULOSIS	
DRUG ALLERGIES	

OTHER HEALTH INFORMATION BLOOD TYPED _____

TUBERCULOSIS SKIN TEST NEG _____ POS _____

CHEST X-RAY: DATE IF KNOWN _____ NEG _____ POS _____

UNDER MEDICAL CARE: YES NO

EXPLAIN

SURGERIES

INJURIES OR ACCIDENTS

MEDICATIONS _____

ANY RESTRICTIONS OF ACTIVITY FOR MEDICAL REASONS

REMARKS

AGUA FRIA UNION HIGH SCHOOL DISTRICT # 216**STANDING MEDICAL ORDERS AUTHORIZATION**

Under Arizona law, schools may dispense medication or drugs that do not require a prescription with parent permission. If written permission is not available, then verbal permission may be obtained one time. If you have any questions regarding this, please call Agua Fria High School (623) 932-7300 ext. 11015 or Millennium High School (623) 932-7200 ext. 12044 or Desert Edge High School (623) 932-7500 ext. 13015 or Verrado High School at (623) 932-7400 ext. 14144

Student Name _____ Grade _____

Phone Numbers: Home _____ Work _____

If your student has allergies to any medications, foods, etc. please list them here or write "NONE".

In case of minor accident or illness, I understand that the treatments and medications as stated in the Standing Orders may be followed as indicated by me (on the reverse side), and simple methods of care are used before medication is given by designated District employee.

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____

8/11/2012

This is a list of treatments and over-the-counter medications that are available for the conditions listed. Please put a check mark on the line after each category to indicate your desires pertaining to your child.

<u>CONDITION</u>	<u>TREATMENT</u>	<u>OTC MEDICATIONS</u>
Bites/Stings	Remove stinger, apply ice _____	Calamine/Calaryl lotion _____
Allergic to Stings	Call to Parent or M.D. order _____	Benadryl 25-50 mg x once only _____
Burns	Cold water or ice compress for 5 minutes. Do not apply ice directly to burn _____	Ice or cold compress for 5 minutes or Solar Cain spray _____
Cough disruptive to class	Ice chips _____	Cough drop, See physician if cough persists _____
Irritated eyes	_____	Eye drops (Clear Eyes) _____
Fainting	Lie down with feet elevated _____	
Fever	For temp. over 101 when parent is unavailable, apply cold compress to forehead, neck and under arms. Clear fluids _____	Acetaminophen (Generic Tylenol) or Advil. Follow dosage on label. _____
Headache	Bed rest for 15-30 min with cold cold compress to forehead _____	Acetaminophen (Generic Tylenol) or Advil Follow dosage on label. _____
Menstrual Cramps	Bed rest for 15-30 min. _____	Acetaminophen (Generic Tylenol) or Advil. Follow Dosage on label. _____
Muscle Strain/Pain	Ice compress for 10 min. _____	Same as above or Mineral Ice _____
Old Injury/cut	Wash with antibacterial soap and water. _____	First Aid antiseptic spray/ ointment/ new skin _____
Sore Throat	Without increase of temp 100+ give salt water gargle 1 tsp to 8 oz warm water _____	Throat Lozenges or Chloraseptic Spray _____
Toothache	Rinse mouth with warm water _____	Oil of cloves/ Ambesol/ Dental Referral _____
Cold Sore	Same as above _____	Campho-phenique _____
Upset stomach	Bed rest for 15-30 min. _____	Antacid (Tums) Recommended dosage _____

Over-the-counter medications may be administered up to one hour before dismissal to ensure that no allergic reaction takes place.