

STUDENT HEALTH HISTORY- 2021-2022

Students will not be permitted to participate in lab activities until this form is completed and returned

Student Name _____ Home High School _____

LAST _____ FIRST _____ MBIT Program _____
 Grade _____
 Date of Birth _____

Primary Address _____

Street _____ Town _____ State _____ Zip _____

Primary Guardian Email Address _____

Mother/Guardian _____ Home Phone _____

Cell Phone _____

Place of Employment _____ Work Phone _____

Father/Guardian _____ Home Phone _____

Cell Phone _____

Place of Employment _____ Work Phone _____

Student lives with _____

Name(s) _____ Relationship to Student _____

Emergency Contacts (other than those listed above):
 (List only adults over 18 years old who are available during school hours to pick your student up)

Name _____ Relationship _____ Phone _____

Name _____ Relationship _____ Phone _____

Student's Doctor _____ Phone _____

Student's Dentist _____ Phone _____

*****PLEASE FILL OUT BACK OF FORM*****

The Middle Bucks Institute of Technology does not discriminate in its educational programs, activities, or employment practices, based on race, color, national origin, [sex] gender, sexual orientation, disability, age, religion, ancestry, union membership, gender identity or expression, AIDS or HIV status, or any other legally protected category. Announcement of this policy is in accordance with State Law including the Pennsylvania Human Relations Act and with Federal law, including Title VI and Title VII of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, the Age Discrimination in Employment Act of 1967, and the Americans with Disabilities Act of 1990. Inquiries may be directed to Middle Bucks Institute of Technology, Title IX Coordinator or Section 504 Coordinator at 2740 York Road, Jamison, PA 18929 or 215-343-2480.

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Student Name _____

PLEASE CHECK (√) IF THE STUDENT HAS ANY OF THE MEDICAL PROBLEMS LISTED BELOW:

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	*Food Allergy requiring medication	<input type="checkbox"/>	*Latex Allergy	<input type="checkbox"/>	*Skin Allergy
<input type="checkbox"/>	Inhaler Needed in School	<input type="checkbox"/>	Hearing Problem	<input type="checkbox"/>	Vision Problem	<input type="checkbox"/>	Respiratory Allergy/Problem
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Heart Condition	<input type="checkbox"/>	Medication Allergy	<input type="checkbox"/>	*Bee/Insect Sting requiring medication (circle which)
<input type="checkbox"/>	Bleeding Disorder	<input type="checkbox"/>	**Seizure Disorder	<input type="checkbox"/>	Other (please explain): _____		

*If a student requires an Epi-pen one must be kept in the Health Office or on the student (with Doctor's permission), as well as a signed Medication Administration Form. An Emergency Care Plan will also be created and shared with their instructor

**Any student with a seizure disorder will have an Emergency Care Plan created and shared with their instructor

Please explain any of the above checked conditions, or any other special health problems you would like the School Nurse to be aware of _____

Daily Medications (including vitamins/supplements) _____

Medication Dispensing Policy

All medication, both prescription and non-prescription, must be kept in the school health office. **No medication will be administered to any student without proper completion of the Medication Dispensing Form.** The form should also be used for non-prescription drugs when prescribed by a physician or dentist. Medication will be administered to students during the school hours only when such medication is needed by the student to remain in school and administration is required during school hours. All medication to be administered by school personnel must be delivered in the original prescription container along with a Medication Dispensing Form. Medication in baggies, aluminum foil, envelopes, old pill containers, or other family members' bottles is not acceptable and will not be administered.

Only medications which are absolutely necessary during the school day will be administered. Except in an emergency, no medications will be given during the first period of the day in absence of written instructions from the student's physician. The school nurse has standing orders from the school physician to administer acetaminophen (generic Tylenol), ibuprofen (generic Motrin/Advil), Tums, or Benadryl if necessary and with parental consent. Permission for medication is not valid without parent/guardian signature. Please check boxes to consent to have your child take the medications listed below:

Acetaminophen
 Ibuprofen
 Tums
 Benadryl

If a parent/guardian can't be immediately contacted during an emergency, I understand that MBIT should attempt to secure medical attention for my child as deemed necessary. I release any staff member from liability for action taken on my behalf during a medical emergency regarding my child. I give permission for my child to be treated in the Health Office as necessary and that my child's health information may be shared with school personnel and my child's health care providers as necessary.

Parent/Guardian Signature _____

Date _____

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