

CCA HEALTH CHECKLIST



Print Student Name: _____ Grade: _____

Consent for Administering Medication	YES NO	I consent for Cherokee Charter Academy to administer prescription and/or over the counter medication with written doctor consent.
OTCMedication (Dr. Consent Required)	YES NO	__ Tylenol __ Ibuprofen __ Antibiotic Ointment __ Hydrocortisone Cream __ Benadryl __ Caladryl __ Tums __ Other: _____
ADD/ADHD	YES NO	__ Takes Medication at Home __ Needs Medication at School ADD/ADHD Doctor: _____ Phone: _____
Allergies	YES NO	__ Seasonal __ Severe (Life Threatening) __ Takes Medication at Home __ Takes Medication at School __ Emergency Medication (EpiPen/Benadryl) Last date EpiPen used: ____ Allergy Doctor: _____ Phone: _____
Asthma	YES NO	__ Daily Maintenance Med __ Rescue Inhaler __ Rescue Nebulizer Asthma Doctor: _____ Phone: _____
Diabetes	YES NO	__ Type 1 __ Type 2 __ Blood Glucose Checks __ Oral Med __ Carb Count __ Takes Insulin __ Shots __ Pump __ Glucagon Diabetes Doctor: _____ Phone: _____
Epilepsy (Seizures)	YES NO	__ Daily Medication __ Diastat __ Other Needs- Describe Treatment: _____ Date of Last Seizure: _____ Seizure Doctor: _____ Phone: _____
Mental Health Consideration	YES NO	Type: _____ __ Takes Medication at Home __ Takes Medication at School Mental Health Provider: _____ Phone: _____
Sickle Cell Anemia	YES NO	__ Trait __ Disease __ Takes Medication at Home __ Takes Meds at School Last Hospitalization Date: _____ Sickle Cell Doctor: _____ Phone: _____
Physical Limitation	YES NO	Type: _____ __ Limitations __ Assistive Device Required __ Takes Medication at Home __ Takes Medication at School Disability Doctor: _____ Phone: _____
Hearing Considerations	YES NO	__ Hearing Aids __ Cochlear Implant __ Other: _____
Vision Considerations	YES NO	__ Glasses __ Contacts __ Other
Other	YES NO	Describe: _____

Parent/Guardian Signature: _____ Date: _____