Career and Technical Education
Innovative Programs
Alternative Education

Northern Catskills Occupational Center
2020 Jump Brook Road, PO Box 382
Grand Gorge, NY 12434
(607)-588-6291 Fax: (607)-588-6808

Dear Parent/Guardian:

Please complete and return the Student Health History Update form. The other attached form is to be filled out **by your health care provider** and by the parent/guardian of the child to receive **ANY** medication, prescription or over the counter, while attending classes at NCOC.

Please note that the US Department of Education considers Benadryl, Ibuprofen, Tylenol, Inhalers, etc., illegal to be administered without the attached forms completed by a doctor and parent/guardian. We apologize for the inconvenience.

For medication that is filled by the pharmacist, please ask for an additional labeled botte to use for the medication that is kept at NCOC.

Medication that is improperly labeled will ***NOT BE GIVEN***. Medication that is brought to NCOC that is properly labeled and accompanied by the physician's request with parental permission is the only medication that will be given. If the school nurse at the student's component school has the information, it can be faxed or emailed to me at the NCOC Health office.

If at the time of your doctor visit you do not have a physician request form, ask the doctor to state on a prescription pad the name of the medication, dosage, time to be administered at NCOC and the child's name.

ALL absences must be reported with a note, phone call, or by email by the parent/guardian to me at jdegarmo@oncboces.org in order for your child to have legally excused absence within 5 days of the absence. The easiest way to notify me is via email. Phone calls must be followed up with a signed note or email.

If you have any questions or concerns regarding this, please feel free to call me at (607) 588-6291 ext. 1213.

Respectfully,

Johnny DeGarmo

Johnny DeGarmo, LPN
NCOC Health/Attendance Officer

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition			
Seen a medical specialist			
Had allergies:			☐food ☐environmental ☐insect ☐medication ☐other
Been hospitalization			
Had an operation			
Had an injury requiring an Emergency Room visit			
Missed 5 days of school in a row due to illness/injury			
Had a bone/muscle injury			
Passed out, had a concussion or serious head injury			
Had a convulsion/seizure			
Had a vision problem or condition			☐ glasses ☐ contacts
Had a hearing problem or condition			☐ hearing aid ☐ cochlear implant
Worn dental bridge, braces or mouthpiece			
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack			
Had other serious health problems			

CHECK ALL THAT APPLY TO YOUR CHILD:

☐ ADHD
☐ Asthma/trouble breathing
☐ Autism/Asperger
☐ Dental Injuries
☐ Diabetes
☐ Ear Infections
☐ GI Conditions (ulcer, reflux, IBS)
☐ Headaches/migraines
☐ Heart Conditions
☐ High Blood Pressure
☐ Mental Health Condition (depression, eating disorder, anxiety, OCD, ODD, etc.)
☐ Scoliosis
☐ Single Organ (☐kidney, ☐testicle)
☐ Skin Condition
☐ Speech Condition
☐ Urinary Condition

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school			
Taken at home			
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school			☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school			☐insulin/blood glucose monitoring ☐inhaler/nebulizer/peak flow monitoring ☐special diet

Is there any condition that would prevent your child from participating in physical education or sports?
☐No ☐Yes:_____

Please list any additional concerns: (use back of sheet if necessary)_____
_____

Parent/Guardian Signature:_____Date:_____