STEP 4:
MEDICAL HISTORY

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
Hearing Aids	08/21/2015	0	0		No Longer Applies
*PRESCRIPTION MED 1 (put name in comment)	08/07/2015	0	0	Albuterol	No Longer Applies
MEDICAL INSURANCE INFO	08/03/2015	0	0	My medical insurance is: Medi Cal	...er Applies

Save

Additional Conditions
Please Check All That Apply

☐ Glasses or Contacts   ☐ Blind (Legally)   ☐ Neuromuscular Disorder
☐ Physical Limitations   ☐ Cancer   ☐ Orthopedic Disorder

①

③ MEDICAL CONDITIONS Information

- CLICK on each medical condition under "_Additional Conditions_" that applies to your child.
- State date and give details about the condition in the "Comments" box.
- CLICK [Save]
- After clicking on "Save," the conditions will appear under "Medical History and Current Medical Conditions."

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies

Save

Additional Conditions
Please Check All That Apply

☑ Allergies - Food   ☐ Asthma - Seasonal   ☐ *PRESCRIPTION MED 1 (put name in comment)
Effective Date: 07/29/2014
Age: 0
Grade: 0
Comment: Peanuts - severe

☐ Allergies - Environmental   ☐ Diabetes   ☐ *PRESCRIPTION MED 2 (put name in comment)
☐ Allergies - Insect   ☑ Glasses or Contacts   ☐ *PRESCRIPTION MED 3 (put name in comment)
                              Effective Date: 07/29/2014
                              Age: 0
                              Grade: 1
                              Comment: Wears contacts

☐ Seizures - Febrile   ☐ Physical Limitations   ☐ Allergies - Known Drug Allergy
☐ Seizures - Infant   ☐ Heart Condition   ☐ Asthma
☐ Seizures - Current Disorder ☐ Hearing Aids   ☐ ADD/ADHD
☐ Asthma - Exercise Induced   ☐ Other Condition Not Listed ☐ Autism
☐ Asthma - Illness Induced

Save

① MEDICAL INSURANCE Information

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies

Save

Additional Conditions
Please Check All That Apply

☐ Allergies - Food   ☐ Asthma - Seasonal   ☐ *PRESCRIPTION MED 1 (put name in comment)
☐ Allergies - Environmental ☐ Diabetes   ☐ *PRESCRIPTION MED 2 (put name in comment)
☐ Allergies - Insect   ☐ Glasses or Contacts   ☐ *PRESCRIPTION MED 3 (put name in comment)
☐ Seizures - Febrile   ☐ Physical Limitations   ☐ Allergies - Known Drug Allergy
☐ Seizures - Infant   ☐ Heart Condition
☐ Seizures - Current Disorder ☐ Hearing Aids
☐ Asthma - Exercise Induced ☐ Other Condition Not Listed
☐ Asthma - Illness Induced

Save

- CLICK in the comment box _after_ "My Medical Insurance is:"
- Type in your _medical insurance company name_ or "_NO INSURANCE_".
- CLICK [Save]

(2)

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
MEDICAL INSURANCE INFO	07/20/2015	0	0	My Medical Insurance is:	No Longer Applies
Cancer	05/13/2015	0	0		No Longer Applies

Save

Additional Conditions
Please Check All That Apply

- ☐ Glasses or Contacts
- ☐ Hearing Aids
- ☐ Physical Limitations
- ☐ ADD/ADHD
- ☐ Allergies - Known Drug Allergy
- ☐ Allergies - Environmental
- ☐ Allergies - Food
- ☐ Allergies - Insect
- ☐ Asthma - Exercise Induced
- ☐ Asthma - Illness Induced
- ☐ Asthma - Seasonal
- ☐ Autism Spectrum
- ☐ Bipolar Disorder
- ☐ Bleeding Disorder

- ☐ Blind (Legally)
- ☐ Cerebral Palsy
- ☐ Cystic Fibrosis
- ☐ Deaf/Hard of Hearing
- ☐ Depression
- ☐ Diabetes Type 1
- ☐ Diabetes Type 2
- ☐ Eating Disorder
- ☐ Heart Condition
- ☐ Immune Disorders
- ☐ Migraines
- ☐ Muscular Dystrophy
- ☐ Neuromuscular Disorder

- ☐ Orthopedic Disorder
- ☐ Seizures - Current Disorder
- ☐ Seizures - Febrile
- ☐ Seizures - Infant
- ☐ Self-Mutilation
- ☐ Spina Bifida
- ☐ Tourettes
- ☐ Transplants
- ☐ Other Mental Health
- ☐ Other Condition Not Listed
- ☐ *PRESCRIPTION MED 1 (put name in comment)
- ☐ *PRESCRIPTION MED 2 (put name in comment)
- ☐ *PRESCRIPTION MED 3 (put name in comment)

Save

(4) PRESCRIPTION MEDICINE Information

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
Allergies - Food	07/29/2014	0	0	Peanuts - severe	No Longer Applies
Glasses or Contacts	07/29/2014	0	1	Wears contacts	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies

Save

Additional Conditions
Please Check All That Apply

- ☐ Allergies - Environmental
- ☐ Asthma - Seasonal
- ☑ PRESCRIPTION MED 2 (put name in comment)
  - Effective Date: 07/29/2014
  - Age:
  - Gra
  - Com

- ☐ Allergies - Insect
- ☐ Seizures - Febrile
- ☐ Seizures - Infant
- ☐ Seizures - Current Disorder
- ☐ Asthma - Exercise Induced
- ☐ Asthma - Illness Induced

- ☐ Diabetes
- ☐ Physical Limitations
- ☐ Heart Condition
- ☐ Hearing Aids
- ☐ Other Condition Not Listed
- ☑ PRESCRIPTION MED 1 (put name in comment)
  - Effective Date: 07/29/2014
  - Age: 0
  - Grade: 4
  - Comment: Albuterol-2 puffs as needed

Save

If your child takes prescription medicines:

- Click on the box for "PRESCRIPTION MED 1".
- In the "Comments box type in the medicine, dosage, frequency, and what the medicine is used for.
- Continue for additional prescription medicines using next "PRESCRIPTION MED #."
- CLICK Save

You will still need to bring a doctor's form for every prescription med given at school.

REMOVING a condition

- If you made a mistake and need to remove a selection from the "Medical History and Current Medical Conditions" or your child no longer has this condition, CLICK on

  No Longer Applies

- CLICK Save

(2)

Medical History and Current Medical Conditions

Condition	Effective Date	Age	Grade	Comment	
	07/29/2014	0	0	Peanuts - severe	No Longer Applies
	07/29/2014	0	1	Wears contacts	No Longer Applies
*PRESCRIPTION MED 1 (put name in comment)	07/29/2014	0	4	Albuterol, 2 puffs as needed	No Longer Applies
*PRESCRIPTION MED 2 (put name in comment)	07/29/2014	0	1	Epipen-As needed, peanut allergy	No Longer Applies
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical Insurance is: Medi-CAL	No Longer Applies

Save

WHEN FINISHED:

- ✔ Family Information
- ✔ Student
- ✔ Contacts
- 4 Medical History
- 5 Documents
- 6 Authorizations
- 7 Final Data Confirmation

Confirm and Continue

CLICK "Confirm and Continue"