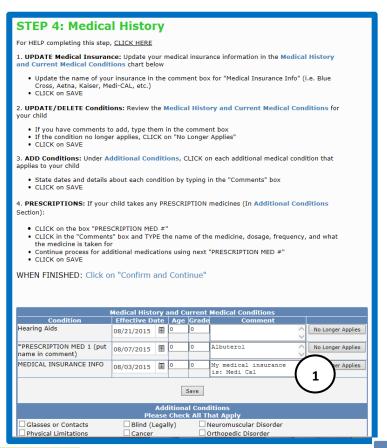
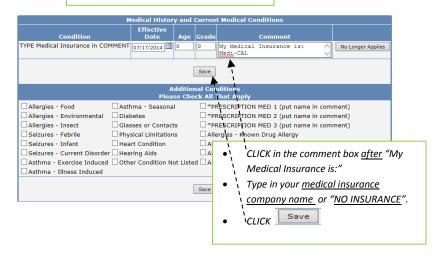
STEP 4: MEDICAL HISTORY



MEDICAL INSURANCE Information



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."

Condition	Effective Date	Age	Grade		Comment	
TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medica Medi-CAL	al Insurance is:	No Longer Applies
	1		Save			
			nal Cone eck All T	ditions hat Apply		
☑ Allergies - Food Effective Date: 07/29/2014 Age: 0	□ Asthma - So	easonal		ı	□ *PRESCRIPTION MED	1 (put name in comment
Allergies - Environmental	☐ Diabetes			1	*PRESCRIPTION MED	2 (put name in comment
□ Allergies - Insect	Glasses or of Effective Date Age: Grade: Comment:	07/29/2			□ *PRESCRIPTION MED	93 (put name in comment
Seizures - Febrile	☐ Physical Lin		S	1	Allergies - Known Dru	ıg Allergy
Seizures - Infant	☐ Heart Condi	ition			Asthma	
Seizures - Current Disorder	Hearing Aid				ADD/ADHD	
Asthma - Exercise Induced Asthma - Illness Induced	Other Cond	ition No	t Listed		Autism	
			Save			

		Medical Histo	rv and	Current	t Medical Cond	itions		
		Effective						
	Condition Allergies - Food	Date 07/29/2014	Age 0	Grade 0	Peanuts - sev	Comment	^	No Longer Applies
	_						~	
Glasses or Contacts		07/29/2014	0	1	Wears contact		0	No Longer Applies
	TYPE Medical Insurance in COMMENT	07/17/2014	0	0	My Medical In Medi-CAL	surance is:	Q	No Longer Applies
				Save				
				nal Con eck All 1	ditions That Apply			
	☐ Allergies - Environmental ☐ Asthr				∠	RESCRIPTION M	IED 2 (pu	t name in comment)
					Effec Age	tive Date: 07/29/		
					Gra			kes prescription
					Con	medicine	s:	
	☐ Allergies - Insect ☐ Diabe	tes cal Limitations			□* □A			
	☐ Seizures - Infant ☐ Heart	Condition			_ <u>_</u>	_ = -Clic	k on ti	he box for
	☐ Seizures - Current Disorder ☐ Heari ☐ Asthma - Exercise Induced ☐ Other		isted -		 □A	"PR	ESCRI	PTION MED 1".
	☐ Asthma - Illness Induced ☑ ◀ RE	SCRIPTION MED	1 (put	name in		• In t	he "Co	omments box type in
	Effective Age:	Date: 07/29/201	4					cine, dosage,
	Grade:	4			† - †			,, and what the
	Comme	nt: Albuter puffs a		ed 🗘	4	•		-
								is used for.
				Save		• Con	itinue .	for additional
						pre	scripti	on medicines using
						nex	t "PRE	SCRIPTION MED #."
							o,, T	Save
	REMOVING	a condit	ion			• CLI	_K	
	KEIVIUVING	u condit	ion					eed to bring a
						doctor's	form f	for every
						prescript	ion m	ed given at school.
made a m	nistake and need							
	ection from the							
	· ·							
	ry and Current							
cal Conditi	ions" or your 2							
no longer i	has this							
ition, CLICk	(on							
Longer A	Applies			nd Curre	ent Medical Co	nditions		
			ective ate	Age	Grade	Comma	:t	
Save			2014	and the same		s - severe		No Longer Applies
								~

07/29/2014 0

07/17/2014

Save

*PRESCRIPTION MED 1 (put name in comment) 07/29/2014

*PRESCRIPTION MED 2 (put name in comment) 07/29/2014

TYPE Medical Insurance in COMMENT

Wears contacts

Albuterol, 2 puffs as needed

Epipen-As needed, peanut

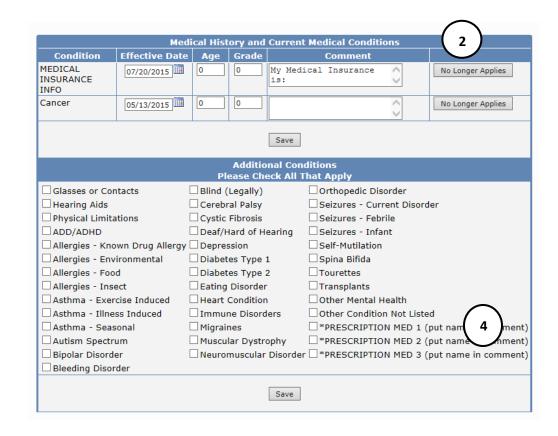
My Medical Insurance is: Medi-CAL

No Longer Applies

No Longer Applies

No Longer Applies

No Longer Applies



WHEN FINISHED:

