Food and Drug Administration
Center for Food Safety and Applied Nutrition
Office of Special Nutritionals

ARMS#

12886

8 - OTHER

11/16/[illegible] [illegible] to parent, re: info received from high school staff that there are concerns about [redacted] hurting himself. Encouraged parent to communicate openly c̄ [redacted] about his feelings & problems that he may be perceiving. [redacted] School psychologist to follow up c̄ student for counseling support during next school [illegible]. Parent contact to be made by school psychologist. [redacted]

1/28/96 Spoke c̄ [redacted] mom today while she was visiting the H.S. Encouraged her to seek current complete medical exam for [redacted] as school staff concerned that [redacted] often looks ill, complains of not feeling well, & has a persistent cough. He has also mentioned to some staff that he occasionally coughs up blood, linged sputum. Mother said that at home his appetite is good & his behavior is not out of the ordinary. She said she would not take him into M.D. for exam until she tried home remedies to help c̄ cough. Plan again try to encourage at least T.B. skin test for [redacted] if cough persists. [redacted] was ill c̄ flu like symptoms last month.

8/14/97 [redacted] came into N/O with c/o hands being cold and [redacted] [illegible] [illegible]. He had taken [illegible] Ripped Fuel (body enhancer) in am c̄ 2 60 mg. Ibuprofene BP 150/85 pulse 90. Student became more drowsy. Parent [illegible] called & parent. [redacted] was taken to [redacted] by [illegible] & given shots. BP upon leaving was 170/110. [redacted]

8/16/98 Talk c̄ [redacted] Doctor release him later that day after they gave him medicine & possible I.V. He said he slept until the next afternoon. We discussed about the dangers of taken drugs & advise him to get rid of Ripped fuel. Referred to [redacted] School counselor.

[redacted] BP [redacted]

STAPLE REPORTS HERE

LOS 7711
4/29/98
WRB (390)

000002

LOS 7711
4/29/98
WRB (390)

O MÉDICO

Nombre de estudiante [redacted]

Por este medio, [redacted] (INICIAL)
parte en deporte [redacted] citado esta fisicamente sano para tomar

(FECHA)

(TITULO) (LICENCIA DEL ESTADO)

A sufrido algun dano o tiene alguna condicion fisica el estudiante que debe ser cuidada?

Favor de anotar 12/2/97

Si el estudiante tiene [redacted] rte anote:

[redacted] (NOMBRE DE LA COMPANIA) [redacted] (NUMERO DE LA POLIZA)

Por este medio doy mi consentimiento que el estudiante arriba citado tome parte en deportes y sea incluido en escurciones siempre que sea acompanado y bajo [redacted] supervision de un representante de la escuela. En caso de enfermedad o algun dano [redacted] y mi au[redacted]izacion alguna agencia medica para el tra[redacted]

10/29/97
(FECHA)

Dr [redacted]

did the physical