

STUDENT HEALTH HISTORY

We would appreciate your help updating your child's health information so that we can take the best possible care of your student at school. Please fill out this information sheet and return it to school.

Student's name: _____ Birthdate: _____ Age: _____ Sex: _____ Grade: _____

Parent / Guardian: _____ Phone: _____ Cell: _____

Name / Address of Licensed Health Professional: _____ Phone: _____

No health concerns at this time: _____ (if None, please sign below and return)

Student medical history: Does your student have any of the following? Please check:

- Behavioral concerns
- Allergies (see below)
- Asthma (see below)
- Bladder or bowel concerns
- Blood Disorder
- Brain (injury, conditions, surger, etc)
- Diabetes
- Dietary Concerns
- Frequent headaches
- Hearing problems
- Heart condition
- Physical disabilities
- Seizure Disorder
- Skin condition / eczema
- Stomach / intestine concerns
- Urinary / kidney disorder
- Vision problems
- Glasses / contacts
- other

Asthma: If you checked asthma above please complete a medication form

Allergies:

- Food allergy (specify)
- Bee allergy
- Other allergies

Please describe the allergic reaction and treatment. Complete a medication form if medication is required.

Other Health Information

Does your child's health problems affect their daily living or school participation

___ Yes ___ No If yes, please explain:

Does your child have a waiver for immunizations?

___ Yes ___ No If yes, please send in a copy of the signed form from the health department.

Is your child required to take medication at school?

___ Yes ___ No If yes, please complete a medication form including over-the-counter medication.

Prescription medications need to be provided to school in pharmacy -labeled containers.

Any other special needs or concerns?

I understand that the medical information provided above is confidential, but may be shared when indicated, with those that need to know to provide a safe environment for my child.

Parent / Guardian Signature: _____ Date: _____