

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Student Name _____ Grade _____ Date _____

Please let us know your child's health needs by completing this form.

My child has no health problems which would affect his/her school day.

My child's health needs include the conditions checked (X).

Allergies, please list _____

What happens? _____

Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)

Bee Sting Allergy, What happens? _____

Is EpiPen Prescribed? Yes No (If yes, parent must provide EpiPen)

Asthma Is inhaler used? Yes No If yes, how often? _____

What medications are taken for asthma? _____

Diabetes What medications are taken? _____

Any special procedures during the school day? _____

Hearing Problem, Please describe _____

Vision Problem Wears glasses? Yes No Wears contacts? Yes No

ADD or ADHD Diagnosed, What medications are taken? _____

Will medication be needed in school? Yes No, When? _____

Bone/Joint problem or fractures? Which bone or joint? _____

is a brace worn? Yes No

Seizures What type? _____ Date of last seizure _____

Medication taken _____

Episode of loss of consciousness When? _____

Any special treatment? _____

Emotional concerns List _____

List any other recurrent medical problem or illness you would like the school to be aware of

Name of Student's doctor _____ Phone _____

Does your child see a specialist? Yes No Name _____

Phone _____

Please contact school personnel for medication forms if your child needs medication at school, including inhalers for asthma or EpiPen for severe allergic reactions. Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing school personnel.

Health History Informed Consent

our signature gives permission for school staff to take precautions and procedures to protect your child in the classroom and to foster academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans.

Parent/guardian signature _____ Date _____

Phone number _____