Student Health History

Student Name: _____

I. Health Conditions. Please check any that this child has had*: ❑ **NONE**

❑ Diabetes	❑ Eczema	❑ Emotional
❑ Ear problems	❑ Eye problems	❑ Frequent headaches
❑ Frequent skin infections	❑ Frequent sore throat	❑ Heart
❑ Hepatitis	❑ Kidney disease	❑ Measles
❑ Meningitis or encephalitis	❑ Anemia	❑ ADD/ADHD
❑ Abnormal Spinal curvature *(scoliosis, etc)*	❑ Allergies or hay fever	❑ Asthma or wheezing
❑ Birth or congenital malformation	❑ Behavior problem	❑ Cancer
❑ Chronic diarrhea or constipation	❑ Chicken pox	❑ Cystic fibrosis
❑ Mumps	❑ Nervous twitches or tics	❑ Rheumatic fever
❑ Rubella (3 day measles)	❑ Seizures or epilepsy	❑ Sickle cell disease
❑ Positive TB test	❑ Toothaches or dental infections	❑ Urinary tract infection
❑ Other		

*Please explain any checked item_____

II. Injuries and Illnesses. Please list any severe injuries or illnesses: ❑ **NONE**

Injuries / Illnesses	**Age of Child**	**Hospitalized** (yes or no)
_____	_____	_____
_____	_____	_____
_____	_____	_____

III. Allergies.

Please list and describe allergies or reactions: ❑ **NONE**

Medicines/Drugs*_____

Foods/Plants/Animals/Other _____

Recommended treatment if allergy is severe _____

List any emergency medication your child requires* (epi-pen, inhaler, etc.)_____

_____

** Please complete Permission to Administer Medicine Form, available at school office.*

IV. Additional Information

What medications are given daily? ❑ **NONE**

_____

What medications are given frequently, but not daily?

_____

This child is usually: _____ very active _____ normally active _____ rather inactive

This child wears _____Glasses _____Hearing Aid _____Braces _____Artificial Limb _____Other

Is child under medical treatment at present? Yes or No *(Circle one)* if yes:

Reason_____

Physician _____

Phone:_____

Address:_____City:_____State:_____ Zip: _____

V. To my knowledge, above information is current and accurate.

Parent signature

_____Date_____

VI. ***State law requires that immunization forms for each student be on file at school within 30 days of the first day of school, or school attendance will not be permitted.***