

2010-2011 HEALTH HISTORY
EACH STUDENT MUST HAVE A NEW FORM COMPLETED ANNUALLY AND SIGNED BY THE PARENT/GUARDIAN

STUDENT NAME _____ D.O.B. _____ GRADE _____

HEALTH ISSUES Check by clicking on box to indicate any health issues pertaining to your child.

- | | | |
|------------------------------------|--|------------------------|
| ALLERGIES (list below) | Anxiety/panic attacks | Arthritis |
| Asthma | Birth defects/
congenital malformations | Cancer |
| Cystic fibrosis | Depression | Diabetes |
| Diarrhea or constipation (chronic) | Dietary restrictions | Eating disorders |
| Heart disease or surgery | Hepatitis | Kidney disease |
| Seizures/Epilepsy | Sickle cell disease | Skin rashes (frequent) |
| Stool soiling | Throat infections (frequent) | Tics/nervous twitches |
| Urinary tract infections | Urinary incontinence | OTHER |

Please explain any issue checked above in as much detail as possible.

VISION ___ Glasses ___ Contacts Diagnosis _____

Date of last visual exam _____

HEARING Any loss of hearing or disease? _____ Which ear? _____

Frequent ear infections? _____ Which ear? _____ How often? _____

PE tubes? _____ Date _____

SERIOUS ILLNESS, INJURY, SURGERY, HOSPITALIZATIONS

MEDICATIONS List name and dosage of any medications being taken this year at home or school.

(If this medication is to be given at school, please see the handbook about the medication policy.)

OTHER CONCERNS Please explain below.

Social _____ Behavioral _____ Emotional _____

This health history form needs to be completed for each student attending school this year. It is important that all information regarding health issues, allergies, medications, and treatment for your child during the school day be included.

This information is needed not only to provide your child with a safe and healthy learning environment but also to plan for possible emergencies. Although we strive to keep your child safe at all times, illness and injuries inevitably happen. If an emergency situation should occur, and EMS is called, this information would be vital to those caring for your child.

We ask that you provide your signature to verify the information provided above, and give the nurse permission to share any pertinent health information with appropriate staff members. Confidentiality is extremely important to us. Therefore this information is only divulged to those staff members who need to know to provide your child with a beneficial and safe learning experience. Please call if you have any questions or concerns (683-7903).

SIGNATURE _____ DATE _____ RELATIONSHIP TO STUDENT _____