

**STUDENT HEALTH HISTORY**

**DATE** \_\_\_\_\_

Student's Name \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Home Phone \_\_\_\_\_

Grade/Teacher \_\_\_\_\_

Name of Physician \_\_\_\_\_

Phone \_\_\_\_\_

Address \_\_\_\_\_

**Check any Current Health Conditions:**

Asthma \_\_\_\_\_ Eczema \_\_\_\_\_ Diabetes \_\_\_\_\_ Bone/Joint Problems \_\_\_\_\_ Scoliosis \_\_\_\_\_ Seizures \_\_\_\_\_

Heart Condition \_\_\_\_\_ Physical Disability \_\_\_\_\_ Emotional Problem \_\_\_\_\_ Other \_\_\_\_\_

**Check Any Past Illness, Injuries ,Operations or conditions:**

Strep Throat \_\_\_\_\_ Hives \_\_\_\_\_ Chicken Pox \_\_\_\_\_ Scarlet Fever \_\_\_\_\_ Pneumonia \_\_\_\_\_ Sinus Infection \_\_\_\_\_

Headache \_\_\_\_\_ Stomach aches \_\_\_\_\_ Earaches/Infections \_\_\_\_\_ Operations \_\_\_\_\_ Other \_\_\_\_\_

Is your child able to fully participate in school activities? \_\_\_\_\_

**Medications:**

Is your child currently taking any medication including inhalers at Home? Yes \_\_\_\_\_ No \_\_\_\_\_

Name of Medication(s) \_\_\_\_\_

Is there any medication(s) that need to be taken at school? Yes \_\_\_\_\_ No \_\_\_\_\_

List medication and times to be taken at school \_\_\_\_\_

*Medications at school require the authorization form. No child should bring medication to school. (Epi-pens excluded)*

**Check any Allergies:**

Food Allergy (list) \_\_\_\_\_ Benadryl required \_\_\_\_\_ Epi-Pen \_\_\_\_\_

Bee Stings \_\_\_\_\_ Benadryl required \_\_\_\_\_ Epi Pen required \_\_\_\_\_

Medications (list) \_\_\_\_\_

Environmental Allergies (list) \_\_\_\_\_ Other \_\_\_\_\_

**Vision and Hearing:**

Does you child have trouble hearing? \_\_\_\_\_ Hearing aides or Tubes \_\_\_\_\_

Does your child have difficulty seeing? \_\_\_\_\_ Eye glasses of Contacts \_\_\_\_\_

**Dental Information**

Dentist Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Date of last dental exam or next \_\_\_\_\_

Please note any additional information about your child \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date \_\_\_\_\_

*Parent/Guardian(s) are responsible for notifying the bus driver and any after school programs regarding any health issues for their child*