

# Health History

Student's Name: \_\_\_\_\_ DOB \_\_\_\_\_ Grade \_\_\_\_\_ Date \_\_\_\_\_

Address: \_\_\_\_\_ Phone#: \_\_\_\_\_  
Street City Zip

**My Child has no health issues and does not carry medications at school.**

***PLEASE COMPLETE IF YOUR CHILD HAS ANY OF THE FOLLOWING:***

***Allergies:***

Seasonal  \* If this requires medication to be taken at school please see the health clerk for a medication administration form.

Food / Nut  My Child is allergic to \_\_\_\_\_.  
 His/her reaction to this is \_\_\_\_\_.  
 My child has a history of anaphylaxis: Yes  No   
 My child requires an Epi-pen per MD order: Yes  No

Bees / insect  My child is allergic to \_\_\_\_\_.  
 This requires an Epi-pen per MD order: Yes  No   
 \*If the reaction requires medication, other than an Epi-pen, that will be kept at school please see health clerk for a medication administration form.

Other  Please describe \_\_\_\_\_.  
 Does this require an Epi-pen? Yes  No

***Asthma:***

Seasonal  \* Please see the health clerk for a medication administration form if an inhaler **will be** carried.

Chronic  My child was diagnosed at age \_\_\_\_\_.  
 My child requires & carries medications and/or inhalers year round, and during the school day: Yes  No

***Diabetes:*** My child has had a diabetic healthcare plan: Yes  No   
 \* Please, complete new forms annually (required)

***Epilepsy/Seizure Disorder*** My child's last seizure was when he/she was \_\_\_\_\_ years old  
 His/her seizures are controlled with meds: Yes  No   
 My child has been on a seizure action plan: Yes  No

Hearing/Vision loss: Corrected with \_\_\_\_\_ Last exam \_\_\_\_\_

A physical condition or recent injury that would alter/limit mobility on campus:  
 Please explain \_\_\_\_\_

Heart disease / congenital heart defect: Please explain \_\_\_\_\_

Operation(s): Type: \_\_\_\_\_ How long ago \_\_\_\_\_

Does your child take any other medications **at school**? Yes  No  If yes, list medications\*:

List anything else we should know about his/her health: \_\_\_\_\_

Does your child have any limitations in Physical Education? Yes  No

- If yes, please provide a doctor's note. This needs to specify what activities he/she MAY participate in.
- If your child is ill or injured and cannot participate in P.E. for more than 1-week a doctor's note is required.

\_\_\_\_\_  
 Parent or Guardian Signature

\_\_\_\_\_  
 Date