

Health History

Student's Name: _____ DOB _____ Grade _____ Date _____

Address: _____
Street City Zip Phone#: _____

☐ **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 _____