

Hamden Public Schools
Hamden School Health Services
Health History Questionnaire

Dear Parent/Guardian,

Please fill out the following health history information if your child is a new entrant to Hamden elementary schools and return to the school nurse. If this is part of the kindergarten packet, please bring the completed form to the school nurse when your register for school along with your child's Immunization records.

1. Identifying Information

Student's Name: _____ Entering Grade: _____ Email: _____

Current Address: _____ Phone: _____ Cell: _____
(Include Apartment/Floor)

Date of Birth: _____ Birth Place: _____ Gender: Male Female Non-Binary

Parent/Guardian Name(s): _____

Last School Attended: _____

2. Early Health and Developmental History

Birth Weight: _____

Please note any complications of pregnancy, labor or delivery, such as illness, infection, long labor, prematurity, etc.: _____

Have you or your primary health care provider identified any developmental problems or concerns?

Yes No

If yes, please explain:

3. Medical Information

Primary Health Care Provider's Name: _____ Phone: _____

Date of last physical exam _____

Findings: _____

Is your child on regular medication? Yes No If yes, please name and explain:

Does your child occasionally need medication for any reason? Yes No If yes, please name and explain:

Does your child have an allergy to:

Food Yes No If yes, explain: _____

Insects Yes No If yes, explain: _____

Medication Yes No If yes, explain: _____

Latex
Other

Yes
Yes

No
No

If yes, explain: _____
 If yes, explain: _____

4. Review of Systems

If your child has/had any of the following within the past 12 months please check and briefly describe.

Head: None/No incidents Loss of Consciousness Pain

Eyes: None/No incidents Squinting Tearing Cross Eyes Loss/Impaired Sight

Ears: None/No incidents Excess Wax Frequent Infections PE Tubes Loss/Impaired Hearing

Nose: None/No incidents Frequent Colds Nose Bleeds Allergies (explain type)

Throat: None/No incidents Frequent Infections Strep Throat Difficulty Swallowing

Mouth &Teeth: None/No incidents Toothaches Cavities Sourness of the Mouth Speech Problems

Lungs: None/No incidents Difficulty Breathing Wheezing Persistent Cough Asthma Infections
(Bronchitis/Pneumonia)

Heart: None/No incidents Murmur Chest Pains Tires Easily Shortness of Breath
 High Blood Pressure Elevated Heart Rate

Stomach & Bowels: None/No incidents Vomiting Diarrhea Constipation Frequent Stomachaches

Bladder & Kidneys: None/No incidents Painful Urination Infections Bed Wetting

Bones & Muscles: None/No incidents Joint Pain Joint Swelling Limp Knee Pain

Growth: None/No incidents Overweight Underweight Anemia (low red blood cells) Too short Too Tall

Skin & Lymph: None/No incidents Rashes Hives Infections Swollen Glands Bruise Easily Eczema

Hospitalization (explain): _____

Serious Injury/Accident (explain): _____

Surgery (explain): _____

5. Current Behavior and Development

Activities of daily living: Please briefly describe:

Usual sleep pattern (include any problem): _____

Usual eating pattern (include any dietary limitations): _____

Elimination Pattern (indicate any problem with urination or bowel movement): _____

Exercise Habits: _____

Behaviors Please check and explain as appropriate. My child...

- is overly active Yes No Sometimes: _____
- is easily distracted Yes No Sometimes: _____
- is very quiet Yes No Sometimes: _____
- has unusual fears Yes No Sometimes: _____
- has temper tantrums Yes No Sometimes: _____
- plays regularly with other children Yes No Sometimes: _____
- can cooperate with other children Yes No Sometimes: _____

Skills Can your child use...

- pencils? Yes No
- crayons? Yes No
- scissors? Yes No

Language

- Can strangers easily understand your child's speech? Yes No
- Is your child under care for speech? Yes No

What languages are spoken at home? _____

6. Family Information

Has your family had any recent significant changes? (death, divorce, move)
If yes, please explain:

Does any immediate family member or relative have any significant medical problem(s)?
If yes, please explain:

Please provide the following information for other children in your family:

| Name | Age | Gender | Any Health Problems? | School (if still in school) |
|------|-----|--------|----------------------|-----------------------------|
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Medical Insurance: _____
(please list insurance company)

| Type of Health Problem (Please Check) | Unsure | Never | 0-6 Months | 7-12 Months | 13-18 Months | 19-24 Months | 2 years | 3 years | 4 years | 5-7 years | 8-12 years | Explain (please use back of page to provide more information) |
|--|--------|-------|------------|-------------|--------------|--------------|---------|---------|---------|-----------|------------|---|
| Ear Problem/Infection | | | | | | | | | | | | |
| Anemia (low blood count) | | | | | | | | | | | | |
| Cancer/Leukemia | | | | | | | | | | | | |
| Other Serious Condition | | | | | | | | | | | | |
| Surgery | | | | | | | | | | | | |
| Lead Poisoning | | | | | | | | | | | | |
| Serious Injury/Accident | | | | | | | | | | | | |
| Hospitalization | | | | | | | | | | | | |

8. School Adjustment

How do you think your child will react on the first day of school?

Is there anything we can do or should know that might help your child in adjusting positively in school?

What does your child enjoy?

Please list your child's interests:

What does your child dislike?

Thank you for your time and assistance. This information will help me to provide appropriate health care for your child in the school setting. Please keep me updated about any future changes in your child's health status.

I can be reached at: _____

Sincerely,

School Nurse

Date

The above information is accurate to the best of my knowledge:

Parent/Guardian Signature

Date

Student Name _____

Hamden Public Schools Elementary Student Acceptable Use Policy (AUP) Annual Agreement

Your school has a lot of technology! The computers and other technologies are in your school to help you learn and develop new skills.

It is important that you use all technology in a way that is safe and respectful, both in and out of school. This AUP lists some of the important actions for being safe and respectful with technology.

Place a check next to each item and then sign your name at the bottom. This shows that you understand and agree to each item.

RESPECT

- I will handle all technology carefully and try not to damage it.
- I will only use usernames and passwords that are mine. I will not use another person's account.
- I will not change any settings on the computer without permission from a teacher.
- I will not download music, games, applications or other files without permission from a teacher.
- I will communicate in ways that are kind and respectful whenever I use technology. I will not write, post, or forward anything that might hurt another. This includes text and multimedia messages from a computer, phone or other device.

SAFETY

- I will report to a teacher anything that I see on the computer that might be bad or dangerous.
- I will not give or put private information about myself or anyone else on the Internet.
- I know that anything I do on the computer can be seen or recorded by another.

- I will only try to access Websites that are related to my school work.

FAIRNESS

- I will not make illegal copies of music, games or videos,
- I will not copy and paste words of others and claim they are my own (plagiarism).
- I will not copy and paste pictures or videos made by others and claim they are my own (plagiarism).

I agree to use technology as stated above. I understand that if I do not, I may lose my privileges to use technology at school or receive other penalties from teachers, principals, my parents, or other officials.

Student Signature _____ Date _____

Parent Signature _____ Date _____

If more space is needed, please use back of page.

4. The Student(s) has/have resided at this address since _____.

5. I submit this affidavit in order to attest that the Student(s) is/are residing with me at my residence address in Hamden, Connecticut and, therefore, the Student(s) is/are legally entitled to attend the Hamden public schools. I further attest that I am providing the Student(s) with residence at my address in Hamden without payment or compensation to me or any other member of my family (directly or indirectly) and that such residence at my address is not being provided for the sole purpose of attending Hamden Public Schools.

6. If I move outside of Hamden, or the Student(s) no longer reside(s) with me at my Hamden residence, I agree to so inform the Hamden Public Schools immediately.

7. I understand and hereby acknowledge that the statements herein are true and that I may be subject to civil and criminal penalties if I have knowingly provided inaccurate information.

8. If it is determined that the Student(s) is/are not legally residing in Hamden and/or is/are not legally entitled to school accommodation in Hamden, I acknowledge and understand that the Hamden Board of Education may assess me tuition for the period of time that the Student(s) was/were not legally entitled to attend Hamden Public Schools. I hereby agree to waive any defenses or claims I may have in any administrative, legal or other proceeding brought by the Hamden Public Schools to collect tuition for the period of time that the Student(s) illegally attended Hamden Public Schools.

Dated: _____, _____, _____, Connecticut
Month Day Year Town/City

By: _____

This document must be witnessed and signed by another person over the age of 18:

Witness

Hamden Public Schools
Permission to Photograph/Video Tape

In connection with the educational programs in our school building, opportunities may occur to photograph or videotape your child. These photographs and/or videos may be used in the school or PTA newsletters, school web sites, yearbooks, bulletin boards, in local or regional newspapers, on television, to train staff members, or as part of a public performance.

In order to grant the school district permission to photograph and/or videotape your child parents/guardians of all students must complete and return the form below.

I hereby give permission for my child _____ to be photographed, videotaped, audio-taped, named on radio, named or shown on television, named or pictured in a newspaper, and/or appear in a public performance (which may be photographed or videotaped).

Parent/Guardian Name (please print)

Parent Guardian Signature

Date

Please note: As per the Hamden Public Schools Web Site Policy (6141.311), no personal information and/or identification of any student (other than first name, and last initial) may be contained in a school web site, whether in conjunction with published photograph or not.