

CROWN POINT COMMUNITY SCHOOL CORPORATION

New Student Health Information

Name _____ Address _____ Phone _____

Sex: M / F _____ Date of Birth _____

HEALTH HISTORY

Give information of diseases or conditions student has had or now has:

Allergies: (be specific) _____

Need to take medication at school for allergies? Y / N (circle one) If yes, see the School Nurse

Asthma: Y / N Does the child use an inhaler at school? Y / N If yes, see the School Nurse

Diabetes: Y / N Age at onset _____ See the School Nurse

Epilepsy: (type of seizures) _____ Age at onset _____ See the School Nurse

Other Diseases: _____

Chicken Pox: Disease: Y / N Date: _____ Varicella (chicken pox vaccine) Date: _____

Does the child take medication? Y / N If yes, reason _____

Name of Medication: _____

Does the child take medication at school? Y / N If yes, see the School Nurse

Does the child have a hearing loss? Y / N Hearing aid? Y / N

Date of last check by eye doctor: _____ Glasses _____ Contacts _____

Date of last school physical: _____

Accidents: (describe and list date) _____

Operations: (describe and list date) _____

If there is any problem or circumstance you wish to be brought to the attention of the school nurse,

please, make note of it: _____

I give the school nurse permission to share this or any other health condition information on my child's health record with school personnel who have a need to know in order to meet the health and safety needs of my child.

Date: _____ Parent/Guardian signature: _____

PUBLIC LAW 150, Acts 1980... Whenever a child enrolls in a school corporation, the governing body shall require the parents to furnish a written statement of the child's immunization... (Month, Day, and Year required). You must furnish the school with a record of your child's immunization when enrolling. See Indiana requirements on the "Quick Reference Guide" included with this form.