PASCO SCHOOL DISTRICT0201

Delta

HEALTH HISTORY

To be completed by parent/guardian

Today's Date _____

Name of Student _____ Date of Birth _____ Sex: ☐Male ☐Female

MEDICAL HISTORY (*check all that apply*)

Please explain any *yes* answers.

Life Threatening Condition If yes, by State Law, your child may not attend school until the health care providers orders for this condition have been provided. **Please contact the School Nurse.**	☐No	☐Yes	_____
Asthma	☐No	☐Yes	_____
Bee/insect allergy (needs special care)	☐No	☐Yes	_____
Severe allergies – affecting school	☐No	☐Yes	_____
Problems with pregnancy/delivery	☐No	☐Yes	_____
Concerns with early development	☐No	☐Yes	_____
Frequent ear infections	☐No	☐Yes	_____
Hearing concerns	☐No	☐Yes	_____
Speech difficulties/hoarseness	☐No	☐Yes	_____
Severe headaches	☐No	☐Yes	_____
Seizures	☐No	☐Yes	_____
Neurological condition	☐No	☐Yes	_____
ADD/ADHD (diagnosed by whom)	☐No	☐Yes	_____
Heart condition	☐No	☐Yes	_____
Diabetes	☐No	☐Yes	_____
Blood disorder	☐No	☐Yes	_____
Orthopedic condition	☐No	☐Yes	_____
Chronic condition/disability	☐No	☐Yes	_____
Vision concerns	☐No	☐Yes	☐Glasses ☐Contacts Other _____
Serious illness/injury/surgery	☐No	☐Yes	_____ Date _____
Other health concerns	☐No	☐Yes	_____
Any condition which limits participation in regular P.E.?	☐No	☐Yes	Limits are _____

MEDICATION

Is medication needed at home?	☐No	☐Yes	Name of medication(s) _____
Is medication needed at school?	☐No	☐Yes	Name of medication(s) _____

State law requires written permission from a health care provider and parent before any medication, prescription or over-the-counter, may be taken at school. A form is available from the school office.

Is there anything you want to tell us about your child which you feel will help school staff to better understand and work with him/her?

_____

I understand that the information given above will be shared with appropriate school staff who needs to know in order to provide for the health and safety of my child.

Signature _____ Relationship _____ Telephone _____

Healthy Students Make Better Learners