Student Health History

Student's Last Name: _____ First: _____ Middle _____

Circle One: Male or Female Birth Date: _____

Family History – (please list child's brothers and sisters)

	Name	Birth Date	Sex		Name	Birth Date	Sex
1				4			
2				5			
3				6			

Allergies (please list and describe allergies or reactions)

Medications:
Foods / Plants / Animals / Other:
Recommended treatment for severe reaction:

Injuries and Illnesses (please list any severe injuries or illnesses)

Injury / Illness	Age of Child	Hospitalized ?

Additional Information

What medications are given daily?
What medications are given frequently, but not daily?
This child is usually (circle one): very active normally active rather inactive

Do you have any other comments or concerns about this child's health or development that you would like the school to be aware of ?
If yes, please explain briefly._____

_____

Health Conditions (please check any that this child has had):

- ❑ Abnormal spinal curvature
- ❑ Allergy (Environmental)
- ❑ Allergy (food)
- ❑ Allergy (seasonal)
- ❑ Anemia
- ❑ Asthma or wheezing
- ❑ Behavior/emotional
- ❑ Birth/Congenital – Malformation
- ❑ Bleeding Disorder
- ❑ Cancer
- ❑ Chicken Pox Date of Disease _____
- ❑ Chronic diarrhea /constipation
- ❑ Concern about relations w/siblings or friends
- ❑ Cystic fibrosis
- ❑ Diabetes
- ❑ Ear/Hearing
- ❑ Emergency Care/Trauma
- ❑ Eye/Vision
- ❑ Frequent headaches
- ❑ Frequent sore throat
- ❑ Frequent stomach discomfort
- ❑ Heart disease
- ❑ Hepatitis
- ❑ Incontinence/ bladder
- ❑ Incontinence/Bowel
- ❑ Kidney disease
- ❑ Lactose/dairy intolerant
- ❑ Meningitis/Encephalitis
- ❑ Nervous twitches /tics
- ❑ Rheumatic fever
- ❑ Seizures or epilepsy
- ❑ Sickle cell disease
- ❑ Skeletal/joint condition
- ❑ Skin Condition
- ❑ Substance abuse(alcohol or drugs)
- ❑ Suicide attempt
- ❑ Toothaches / dental infections
- ❑ Urinary tract Infections
- ❑ Other: _____

Form Completed By: _____ Relationship to Child: _____

By signing below, I give permission for any and all medical information to be shared with all school personnel that may interact with my child.

Parent / Guardian Signature: _____ Date:_____