

USD 385 – Andover Public Schools Health Services  
**STUDENT HEALTH HISTORY**

**Student's Name:**

**School:**

**Birthdate:**

**Grade Level:**

**Immunizations:**

*Please provide signed documentation from a Doctor or Health Department of any updates within the last year, including name of provider and dates. Kansas law requires all students have current Immunizations. Failure to comply will result in expulsion. **Legal alternatives need to be filled out annually.***

**6. Has your child been hospitalized overnight? If so why?**

**1. List your child's known Medical Diagnosis and/or Health Problems: (Including Life Threatening Allergies)**

**7. List family changes in the last year:**

**2. List any medication allergies or additional seasonal allergies your child has:**

**8. Has your child stayed overnight in a homeless shelter, jail or detention center in the past year? Briefly explain.**

**3. List any food allergies your child has:**

**9. Give a brief description of your child's medical or social challenges.**

**4. List any changes in your child's health in the past 12 months. Briefly explain.**

**I give permission for this health information to be released to appropriate school personnel.**

**5. List any medication your child is currently taking. Provide name of medicine, dose, time and a brief explanation for the reason taking. Please include ALL Emergency Medications.**

**Parent:**

**Date:**

*\*If you need more room please feel free to attach another sheet or email or call your schools health office.*