BETHEL PUBLIC SCHOOLS
HEALTH HISTORY

Last name	First name	Middle name	Birthdate	Gender

Physician	Date of last exam	Dentist	Date of last exam

Does the student have a life threatening condition? ☐ Yes ☐ No
If yes, please explain: _____
What medications have been prescribed for this condition? _____

ARE ANY OF THE FOLLOWING A PROBLEM FOR YOUR CHILD? (Please check and describe)

☐ Health problems at birth:
☐ Allergies: ☐ food, ☐ insect, ☐ pollen, ☐ drugs, ☐ other:
☐ Blood: ☐ anemia, ☐ sickle cell disease, ☐ hemophilia
☐ Cancer:
☐ Ears: ☐ hearing aids, ☐ infections, tubes, ☐hearing loss
☐ Eyes: ☐ glasses, ☐ contacts, ☐ color blindness, ☐ other:
☐ Gastrointestinal: ☐ ulcers, ☐ colitis, ☐ hepatitis, ☐ needs special bathroom privileges
☐ Genetic: ☐ Down Syndrome, ☐ cystic fibrosis, ☐ other:
☐ Genitourinary: ☐ kidney infection, ☐ bladder infection, ☐ needs special bathroom privileges
☐ Heart: ☐ congenital, ☐ rheumatic, ☐ pacemaker, ☐ high blood pressure, ☐ restrictions
☐ Hospitalizations/operations:
☐ Mental: ☐ADHD, ☐ depression, ☐ bi-polar, ☐ other:
☐ Metabolic: ☐ diabetes, ☐ thyroid, ☐ other:
☐ Mouth: ☐ dental decay, ☐ orthodontia
☐ Neurological: ☐ seizures, ☐ meningitis, ☐ cerebral palsy
☐ Nose: ☐ fracture, ☐ nose bleeds
☐ Orthopedic: ☐ fracture, ☐ scoliosis, ☐ kyphosis
☐ Respiratory: ☐ asthma, ☐ bronchitis
☐ Serious injury:
☐ Skin: ☐ acne. ☐ eczema
☐ Other (please explain):
☐ Disabilities: ☐ physical, ☐ mental, ☐, behavioral, ☐ learning, ☐ speech

MEDICATION
Does your child take any medications routinely or for specific purposes such as allergies, ADHD, diabetes, epilepsy, etc? ☐ Yes ☐ No
If yes, where is the medication taken? ☐ At school ☐ At home
What is the name of the medication? _____

In the event my child is injured or becomes ill and no responsible person from the home can be reached, I hereby designate the principal or the school's appointed agent to do whatever is in the best interest of my child.

In the event my child is seriously injured, becomes seriously ill, or has a medical emergency, I hereby designate the principal or the school's appointed agent to call 911 as the first emergency procedure.

Please indicate hospital preference(s): _____

Parent/Guardian Signature _____ Date _____