



Student Health Questionnaire (Confidential)

Please complete the following information and return to the school with registration

Student Name: _____ Birth Date: _____ Gender: _____

School: _____ Grade: _____

Child's Physician: _____ Phone#: _____

MEDICAL INFORMATION: Check all that apply --- *explain below

Acid Reflux / GERD

Crohn's / IBS

History of:

ADD

Depression

Frequent Bloody Nose

ADHD

Diabetes

Fainting Spells

Anxiety

Hearing Impairment

Frequent Ear Infections

Asperger's

Heart Condition

Meningitis

Asthma

Immunosuppressed

Strep Throat/infections

Autism

Migraines

Other Health Concerns:

Bipolar disorder

Scoliosis

G-Tube

Bleeding Disorder

Seizures

J-Tube

Cancer

Visual impairment

Tracheostomy

Cerebral Palsy

Wears glasses/contacts

Blood Transfusions

Allergies: Peanut Food _____ Bee/Wasp stings Other _____

Allergy requires the following medication: Benadryl Epipen/Auvi-Q (Epinephrine)

Neurological or Psychological Disorder (i.e., seizures, tourette's, anxiety): _____

Orthopedic Impairment (i.e., wheelchair, crutches, walker): _____

Toileting Issues: Please explain _____

Other Health Concerns: Please list and/or explain _____

MEDICATIONS: Please list below the medication your child routinely takes at home and/or school.

Medication

Condition

Home: _____

School: _____

Surgeries and Hospitalization (past or present): Please list and give dates

List any medical condition which will restrict physical activity (Physician's limitation note may be required):

***Explain** any medical condition or anything you would like the school to know about your child:

I will promptly notify the school when information on this form changes, including taking medication. Medication taken at school must follow the school district policy and procedures. I will contact the district school nurse if I have any concerns or questions regarding my child's health condition. I give consent to share health information regarding my child with school staff as appropriate.

Parent/Guardian Print Name: _____ Signature: _____ Date: _____