

## Harris County School System Health History Form

Student's Name: \_\_\_\_\_

<b>C O N T A C T S</b>	<b>Parent/Guardian First Contact</b>	<b>Parent/Guardian Second Contact</b>	<b>Emergency Contact</b> Other than guardian
	Name	Name	Name
	Home #	Home #	Phone #
	Cell#	Cell#	<b>Physician's Name:</b>
	Work #	Work #	<b>Physician's Number:</b>

**Important: Check the right of the column if your child HAS any of the following:**

<b>H E A L T H  H I S T O R Y</b>	<input type="checkbox"/> ADHD	<input type="checkbox"/> Dizziness	<input type="checkbox"/> Neurological Disease
	<input type="checkbox"/> Anemia	<input type="checkbox"/> Ear Infections	<input type="checkbox"/> Neuromuscular Disease
	<input type="checkbox"/> Arthritis	<input type="checkbox"/> Eating Disorder	<input type="checkbox"/> Premature Birth
	<input type="checkbox"/> Asthma	<input type="checkbox"/> GI Disorder	<input type="checkbox"/> Physical Handicaps
	<input type="checkbox"/> Birth Defects	<input type="checkbox"/> Frequent Headaches	<input type="checkbox"/> Respiratory Disease
	<input type="checkbox"/> Bladder Problems	<input type="checkbox"/> Head Injury History	<input type="checkbox"/> Scoliosis
	<input type="checkbox"/> Blood Disorder	<input type="checkbox"/> Hearing Disorder	<input type="checkbox"/> Seizures
	<input type="checkbox"/> Bone Disorder	<input type="checkbox"/> Heart Disorder	<input type="checkbox"/> Sickle Cell Disease
	<input type="checkbox"/> Bone Fractures	<input type="checkbox"/> Heart Murmur	<input type="checkbox"/> Sinus Problem
	<input type="checkbox"/> Bronchitis	<input type="checkbox"/> High Blood Pressure	<input type="checkbox"/> Skin Condition
	<input type="checkbox"/> Cancer	<input type="checkbox"/> Immune Disease	<input type="checkbox"/> Sleep Disorder
	<input type="checkbox"/> Chronic Pain	<input type="checkbox"/> Inherited Disease	<input type="checkbox"/> Swallowing Difficulty
	<input type="checkbox"/> Cystic Fibrosis	<input type="checkbox"/> Kidney Disease	<input type="checkbox"/> Thyroid Disorder
	<input type="checkbox"/> Concussion	<input type="checkbox"/> Liver Disease	<input type="checkbox"/> Tuberculosis
	<input type="checkbox"/> Diabetes *	<input type="checkbox"/> Mental Illness	<input type="checkbox"/> Vision Disorder

If you checked a box, please explain: \_\_\_\_\_

Hospitalizations, surgeries, etc.: \_\_\_\_\_

Does your child have any condition that would limit physical education activities: \_\_\_\_\_

<b>A L L E R G I E S</b>	Please describe reaction below:	<b>M E D I C A T I O N S</b>	<b>List ALL medications currently taking.</b>	<b>D E V I C E S</b>	Medical/Assistive at school or home
	<input type="checkbox"/> <b>No Known Allergies</b>		_____		<input type="checkbox"/> Brace
	<input type="checkbox"/> Drug Allergy		_____		<input type="checkbox"/> Braces
	<input type="checkbox"/> Food Allergy		_____		<input type="checkbox"/> Contacts
	<input type="checkbox"/> Other (chemicals, bee stings)		_____		<input type="checkbox"/> Glasses
<b>L I S T A L L E R G E N S A N D D E S C R I B E R E A C T I O N</b>	List allergens and <b>DESCRIBE REACTION</b>	Emergency Medications:	Home/School	<input type="checkbox"/> Crutches	
	_____	Inhaler _____/_____		<input type="checkbox"/> Hearing Aid	
	_____	Nebulizer _____/_____		<input type="checkbox"/> Helmet	
	_____	Epi-Pen _____/_____		<input type="checkbox"/> Insulin Pump	
	_____	Glucagon _____/_____		<input type="checkbox"/> Port	
	Diastat _____/_____		<input type="checkbox"/> Prosthesis		
				<input type="checkbox"/> Walker	
				<input type="checkbox"/> Wheelchair	
				<input type="checkbox"/> Other	

**IMPORTANT: ALL medications should be brought the first day of school with Prescription Medication form signed and completed. \* Diabetes Medical Management Plan (DMMP) required by state law annually.**

In case of serious illness/injury the school will render first aid while contacting parent/guardian. If the school is unable to contact parent/guardian, and the situation is serious, the school will call 911 for the emergency medical unit to transport the child to the nearest ER. Fees for transportation will be the responsibility of the parent/guardian.