

HEALTH HISTORY FORM (2024 – 2025)

ELEMENTARY

(Preschool through 5th grade)

Deuel School District # 19-4

(CHILD'S) LAST NAME	FIRST NAME	GRADE
____/____/____	Male: _____ Female: _____	_____
BIRTHDATE	PARENT/GUARDIAN	

PHYSICIAN/PROVIDER	CLINIC
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YES NO

Are there any significant health conditions (asthma, seizures, diabetes, etc.), which should be known by the school? If YES, describe:

Are there any school restrictions, modifications, and/or interventions required? If YES, describe:

Are there any medical emergencies that may occur because of your child's health condition?

Would you like to discuss any concerns regarding your child's health with a school nurse? If YES, please list phone number: _____

- **Immunization Records:** The South Dakota Immunization Information System (SDIIS) is an automated system to record vaccination records. SDIIS gives you access to your child's immunization record from any participating South Dakota health care provider. Immunization records received by the school will be entered into the registry. If you choose not to share your child's record, please contact the school within two weeks to request a refusal form.
- **Release of Information/Notice of Privacy:** In order to provide a safe and healthy environment for your child, this health information will be shared with appropriate school staff. If you would like to review the Notice of Privacy Practices from the South Dakota Department of Health, please refer to the website: <https://doh.sd.gov/documents/HIPAANotice.pdf>
- **Emergency:** In the event physicians, parents, or designated emergency contacts cannot be reached, the school officials are hereby authorized to take whatever action is deemed necessary in their judgment, for the health of aforesaid child. Responsibility for payment of ambulance, physician, and/or hospital expenses is that of the parent/guardian. I give permission to medical personnel to provide emergency health care.

PARENT/GUARDIAN SIGNATURE	DATE
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