Student Health History

Please note*: This information is confidential. Information is only shared with staff in the interest of keeping students safe (such as where a stored medication is) or helping children learn (such as informing a teacher that a student wears glasses for reading). Please see the school Nurse if you have any concerns regarding your child's health or confidentiality.*

Student's Name _________________________________ Student's Birthday ___/___/______
Any known allergies? ____
Any history of allergic reactions? _____ What happened? _________________________________
Any seasonal allergies? ____ Is the student on medication for allergies? ____ What type? _____
Any chronic respiratory condition, such asthma? ____
If so, what are the triggers? ____
How is it controlled? ____
Should an inhaler/other med be kept at school? ___ **IF SO, PLEASE SEE THE NURSE.**
Any complications during pregnancy or birth? ____
Full term? ______ Birth weight? _______ If born early, how many weeks early? _____________

Any of the following?
Blood disorders ___________________________ Hormone concerns _______________________
Muscular/skeletal conditions ____
Heart conditions ____
History of seizures _______ If so, what type? __________________________ How many? _____
Stomach, bowel, urinary condition ____
Eyeglasses or visual condition ____
Hearing or speech conditions ____
Skin conditions or skin sensitivity ____
Enlarged tonsils or adenoids ______ Surgery, past or planned? _____ If yes, when? __________
How is the student's dental health? ____

History of:
Ear infections ___ How many? ____ Any ear surgery or intervention? ______________________
Strep throat or Scarlatina? ____
Chicken pox: Had disease _____ When? ___________ Or had varicella vaccine? _____________
Hyperactivity? _____ Any medications? _____ Type _______________ Home or school? _______
Sleep habits? ____
Eating habits? ____
Any dietary restrictions? ____

Any other health concerns? Any family health history you think may affect your child? Ex: asthma, diabetes, etc. ____

Parent/Guardian signature _________________________________ Date ___/ ____/ ___________
Please Print Name ____