

Health History
Confidential

TO THE PARENT OR GUARDIAN

The information requested on this form will be of help to the school personnel in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational experience.

Student full name _____ Male _____ Female _____ Birthdate _____

Address _____ Phone _____

Place of birth _____

Father's Name (first, middle, last) _____

Mother's Name (first, middle, maiden, last) _____

With whom does child live? _____

List names of siblings:

Name	Date of Birth	Name	Date of Birth
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MEDICAL

Name of child's doctor or nurse practitioner _____ Phone number _____

In the past 12 months, did you have problems obtaining medical care for your child? Yes ___ No ___

DENTAL

Name of child's dentist _____ phone number _____

Did your child receive a dental exam in the last 12 months? Yes ___ No ___

SPEECH/LANGUAGE

Do you have concerns about your child's speech and/or language? Yes ___ No ___

Do others have difficulty understanding your child? Yes ___ No ___

If yes, please explain _____

Does student have Individualized Education Plan (IEP)? Yes ___ No ___

LIFE-THREATENING CONDITIONS

Does your child have a life-threatening health condition? Yes* ___ No ___

Describe: _____

*If yes, a meeting with the school nurse is required. Medication or treatment orders will need to be completed.

PLEASE COMPLETE BACK OF FORM

Check next to any condition or illness that applies to your child.

Note: For medication questions, mark the "yes" box only if child is taking medication now.

1. **Allergies** Food _____
 Medicine _____
 Ants Wasps Bee stings
 Environmental allergies List _____ Other allergies List _____
Specify reaction to allergy or allergen Rash Swelling Hives Trouble Breathing
 Vomiting Diarrhea Local Reaction
 Takes medication for any allergies List medication(s) _____
Does child need a special diet? Yes No (If yes, school requires a prescription from a doctor.)
2. **Arthritis** Describe _____
3. **Asthma** List triggers _____ Diagnosed at age _____
 Takes medication List medication(s) _____
Under doctor's care now Yes No
4. Other frequent **Respiratory Conditions** Describe _____
5. **Attention Deficit/Hyperactivity Disorder (ADD/ADHD)** Medically Diagnosed? _____
 Takes medication List medication(s) _____
6. **Blood disorder** Sickle cell anemia Anemia Specify _____
7. **Cancer** Explain _____
8. **Chickenpox-illness** At age _____
9. **Cystic Fibrosis** Takes medication List medication(s) _____
10. **Dermatological/Skin Condition** Describe _____
11. **Developmental Delay** Explain _____
12. **Diabetes** (high blood sugar) Type 1 Type 2 Hypoglycemia (low blood sugar)
13. **Digestive/Gastrointestinal disorders** Explain _____
14. **Eating Disorder** Explain _____
15. **Endocrine** Explain _____
16. **Gynecological Problems** Explain _____
17. **Headaches** Migraines Under doctor's care for this condition Yes No
 Takes medication List medication(s) _____
18. **Head injury/Concussion** Month/Year _____ Explain _____
19. **Hearing Problems** Tubes Uses hearing aid
20. **Heart condition** Explain _____ Under doctor's care for this condition Yes No
Physical restrictions Yes No If yes, explain _____
21. **High blood pressure (Hypertension)**
22. **Kidney or bladder disorder** Explain _____
23. **Muscle/bone/mobility disorder** Explain _____
Physical restrictions Yes No Explain _____ Need a doctor note yearly.
24. **Neurological Condition** Cerebral Palsy Explain _____
25. **Nosebleeds**
26. **Psychiatric diagnosis** _____
 Takes medication List medication(s) _____
27. **Seizure Disorder** Type _____ How long ago was the last one? _____
 Takes medication List medication(s) _____
28. **Sinus Problems** Explain _____
29. **Surgery** Explain _____ Date _____
30. **Vision problems** Glasses Contacts Explain _____
31. **Other** Explain _____
32. **My child does not have any of the listed conditions or illnesses.**

Parent/Guardian Signature _____ Date _____

