

St. Francis High School
NEW STUDENT HEALTH HISTORY FORM

New York State Education Law requires that students entering a school for the first time, or transferring to a new school have a medical record.

NAME _____, _____ Date of Birth: _____ Grade _____

Primary Care Doctor _____ Doctor's Phone _____

ALLERGIES

- Environmental (pollen, pets, dust) BEE STING Epi-Pen needed? Yes__No__
LATEX Epi-Pen needed? Yes__No__ FOOD _____ Epi-Pen needed ? Yes__No__
Other allergy _____
Comments: _____

An allergy action plan* and meds must be provided for any student with a life threatening allergy.

N/A = not applicable

ASTHMA N/A first diagnosed at age _____ yrs.
Triggers (ex. cold air, allergies, exercise, respiratory infection...)

Current medication:

Comments:

Student must provide medication / permission form* if medication may be needed at school. A nebulizer is available, student will need to provide medication & tubing. Your son may self-carry his inhaler ONLY after meeting with the school nurse and providing written physician permission.

DIABETES N/A first diagnosed at age _____

Oral medication

name _____

Insulin type _____ Insulin Pump

Glucose testing frequency _____

Comments

Student must provide annual plan of care, physician order* for testing and medications (Insulin, Glucagon, etc.) , glucometer / supplies, snacks, pump tubing, etc.

SEIZURES N/A first diagnosed at age _____

Comments

Student must provide medication / permission form* and Physician documented physical education restrictions or notation of NO restrictions

HEART DISEASE , Murmur, extra beats, High Blood Pressure N/A
Diagnosis: _____

Cardiologist name _____

Student must provide Physician documentation outlining restrictions or notation of NO restrictions annually

FAMILY SUDDEN DEATH of a heart attack before age 50 ?
Relation/ age _____

BLEEDING DISORDER N/A first diagnosed at age _____

Diagnosis: _____

Restrictions

Comments

Student must provide Physician documentation outlining restrictions or notation of NO restrictions

ONE OF A PAIRED ORGAN N/A (ex. kidney, eye, testicle)

Restrictions

Comments

Student must provide Physician documentation outlining restrictions or notation of NO restrictions

BEHAVIORAL HEALTH **N/A** (ex. ADD, Depression, Anxiety, OCD, etc.)

first diagnosed at age _____

Diagnosis: _____

Treatment : _____

CONCUSSION / HEAD INJURY **N/A**
cause/age(s) _____

Comments _____

BROKEN BONES **N/A**
bone(s)/age(s) _____

Required surgery - explain:

SURGERY – not addressed above **N/A**
type/age _____

Additional relevant health information

MEDICATION

It is essential that the school nurse be aware of medication taken by your son.

*New York State requires that all **PRESCRIBED** and **OVER-THE-COUNTER** medication (cough drops, Tylenol, etc) taken at school, needs a **written physician order** and parental permission**

List Medication taken routinely – if not addressed above:

Parent Signature

Date _____

* obtain form from the St. Francis Health Office or school website
4/12