



**Bentonville Schools**

**Student Health History**

**Student Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Teacher:** \_\_\_\_\_  
**Parent/Guardian Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Parent/Guardian Name (Print):** \_\_\_\_\_ **Phone:** \_\_\_\_\_  
**Emergency Contact:** \_\_\_\_\_ **Phone #:** \_\_\_\_\_  
**Primary Email:** \_\_\_\_\_ **Secondary Email:** \_\_\_\_\_

**Doctor:** \_\_\_\_\_ **Hospital:** \_\_\_\_\_ **Insurance:** Private \_\_\_\_\_ **Medicaid/AR Kids:** \_\_\_\_\_

Medically Diagnosed Conditions				Medically Diagnosed Conditions			
	Current	Past (Year)	Never		Current	Past (Year)	Never
<b>*Asthma</b>				Dizziness, Fainting / Syncope			
Blood issues -hemophilia / sickle cell / anemia				<b>*Epileptic seizures / convulsions</b>			
Blood pressure- High/Low				Frequent Ear infections / Ear tubes			
Cancer/Tumor/Growth				Glasses/Contacts			
<b>*Diabetes or Sugar in urine</b>				GI Issues - IBS/ GERD/ Encopresis/ constipation			
Disability / Sped / 504 / other services				Headaches- Frequent / Severe, Migraines			
Balance issues; orthotics, wheelchair, etc.				Heart / Vascular Condition			
Hearing impaired - loss / Hearing aids				Urinary Issues - pain/frequency/accidents			
Vision / Eye issues				Seasonal Allergies, "hay fever"			
Learning Disorder				<b>*Severe Allergies (Requires Epi-Pen)</b>			
Behavior Disorder (ADHD/ADD, etc.)				Skin conditions- eczema, dermatitis, etc.			
Anxiety, Depression, sleep issues				Severe Head injury / Concussion/TBI			
Loss of family, divorce/separation, move				other:			

**\*It is mandatory, students with Asthma, Diabetes, Anaphylaxis, Seizures, etc., have an updated health care plan on file.**

Explain health conditions / surgeries:

\_\_\_\_\_

\_\_\_\_\_

Has your child received recent immunizations: Y\_\_\_ N\_\_\_ Filed for Arkansas Immunization Exemption? Date: \_\_\_\_\_ Give copy to RN

**List current medications your child takes regularly/daily at home or at school:**

<u>Medication</u>	<u>Dosage &amp; Frequency</u>	<u>Purpose</u>	<u>Side Effects</u>

**List any Allergies to \*\*foods or medications (Prescription or over the counter):**

<u>Allergy</u>	<u>Reaction</u>	<u>**Recommended treatment - Benadryl / Zyrtec / Epi Pen</u>

Check SCREENINGS you DO NOT want for your child: \_\_\_ BMI (grades K, 2, 4, 6, 8, 10) \_\_\_ Scoliosis (Girls 6th & 8th / Boys 8th)

**This consent must be signed for school to adhere to doctor-ordered care plans and for students to receive over the counter medications or procedures.** Over the counter medications and emergency Epinephrine and Narcan are available to your child per nurse's assessment. Dosages are based on label instructions and are approved by an AR licenced physician. **If your child needs any scheduled prescription or nonprescription medications during the school day, a parent or guardian MUST bring medication to the nurse in the original container, ALONG WITH written prescribed orders by an Arkansas Licensed Healthcare Professional.** I hereby authorize any/all medical providers of the Student, for which I am the parent or legal guardian, to confer with and/or release information and records regarding said Student's health care to any representative of the Bentonville School District requesting such information and records. I understand that the above information may be released to appropriate School District employees and emergency personnel in order to facilitate health care for my child. I also understand that in the event of an emergency, EMS will treat and transport my child to the nearest hospital. The hospital and its medical staff have my authorization to provide treatment necessary for the well-being of my child.

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Office use only\*\***

**504:** \_\_\_\_\_ **IHP:** \_\_\_\_\_ **Processed by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Please complete this form & return it to your student's school nurse.

Or

Use the web address or URL below to complete this "Annual Health History" form online.

[www.bentonvillek12.org/page/student-services](http://www.bentonvillek12.org/page/student-services)

