



Holland Patent Central School District

9601 Main St. PO Box 306 • Holland Patent, NY 13354 • www.hpschools.org

General William Floyd Elementary: 315.865.5721 **Holland Patent Elementary:** 315.865.8151

Holland Patent Middle School: 315.865.8152

Holland Patent Central High School: 315.865.8154

Date: ____/____/____
MM DD YYYY

Student Health History

Student Information:

Last Name:	First Name:	M.I.
Date of Birth: ____/____/____	Gender: ☐ Male ☐ Female	Parent Name:

Physician Information

Name:	Phone #:
-------	----------

Student Health History: Check all that apply and provide any additional relevant information below

Condition	Date	Additional Info	Condition	Date	Additional Info
☐ ADD/ADHD	__/__/__		☐ Mononucleosis	__/__/__	
☐ Anemia	__/__/__		☐ Urinary Problems	__/__/__	
☐ Asthma	__/__/__		☐ Pneumonia	__/__/__	
☐ Chicken Pox	__/__/__		☐ Rheumatic Fever	__/__/__	
☐ Diabetes	__/__/__		☐ Scarlet Fever	__/__/__	
☐ Ear Infections	__/__/__		☐ Scoliosis	__/__/__	
☐ Epilepsy/Seizure Disorder	__/__/__		☐ Serious Head Injury/Concussion	__/__/__	
☐ Fractured Bones	__/__/__		☐ Skin Condition	__/__/__	
☐ Heart Disease/Murmur	__/__/__		☐ Surgeries	__/__/__	
☐ Migraines	__/__/__		☐ Tuberculosis	__/__/__	
☐ Hospitalization(s)	__/__/__				
☐ Hearing Condition	__/__/__	☐ Cochlear Implant	☐ Hearing Aid		
☐ Vision Condition	__/__/__	☐ Contacts	☐ Glasses	Last Exam: _____	Next Exam: _____
☐ Other:	__/__/__				
☐ Allergies	__/__/__	List and provide documentation from treating physician: _____ Does your child require an EpiPen? ☐ Yes ☐ No			

Current Medications	Dosage	Current Medications	Dosage

Emergency Medical Contact (if parent(s)/guardian(s): not available)

Last Name:	First Name:	Relation to Student:
Home Phone #: () -	Cell Phone #: () -	Work Phone #: () -

Please provide any additional medical history/information below:

Parent/Guardian: _____ / _____
(print name) (signature)