

Student Name _____ Teacher _____ Grade _____ Date _____

STUDENT HEALTH HISTORY

Student health information within the school is limited to the information necessary to serve the student's educational and health interests.

Please let us know your child's health needs by completing this form.

My child has no health concerns, which would affect his/her school day.

My child's health needs include the conditions checked ✓

Allergies – please list: _____

What happens? _____

Is **EpiPen** prescribed? Yes _____ No _____ (If yes, parent must provide EpiPen)

Bee Sting Allergy: What happens? _____

Is **EpiPen** prescribed? Yes _____ No _____ (If yes, parent must provide EpiPen)

Asthma: Is inhaler used? Yes _____ No _____ If yes, how often _____

What medications are taken for asthma? _____

Diabetes: What medications are taken? _____

Any special procedures during the school day? _____

Heart Disease or High Blood Pressure? What medications are taken? _____

Hearing Concerns: Please describe _____

Vision Concern: Wears glasses? Yes _____ No _____ Wears Contacts? Yes _____ No _____

ADD or ADHS Diagnosed: What medications are taken? _____

Will medication be needed in school? Yes _____ No _____ When? _____

Bone / Joint problem or fractures: Which bone or joint? _____

Is a brace worn? Yes _____ No _____

Seizures: What type? _____ Date of last seizure? _____

Medication taken? _____

Episode of loss of consciousness: When? _____

Any special treatment? _____

Emotional concerns: List _____

List any recurrent medical problem or illness of which you want the school to be aware.

Name of student's doctor: _____ Phone: _____

Does your child see a specialist? Yes _____ No _____ Name: _____ Phone: _____

Please initial next to each medication that you give permission for the school nurse to administer according to package directions when student is in need.

____ Hydrocortisone ____ Neosporin

____ Tylenol ____ Ibuprofen

____ Midol ____ Tums

____ Pepto Bismol ____ Benadryl

Medication must be provided by the parent. The school nurse will call parent to notify before administering Benadryl.

If your child needs medication at school (including and inhaler or EpiPen), please contact the school nurse for the necessary form(s). Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing school personnel and providing appropriate documentation.

Health History Informed Consent

Your signature gives permission for school staff to take precautions and follow procedures to protect your children in the classroom, fostering academic success. Your signature is an informed consent to share this health history information with school staff on a need-to-know basis for emergency plans. Your signature gives permission for the school nurse to administer the above initialed medications.

Parent/guardian signature: _____ Date: _____

Phone number: _____ (home) _____ (cell/work)