

HEALTH INFORMATION – 2017-2018 (NEW students)

*This information will be reviewed and maintained in confidential manner
by the School Nurse assigned to your student's school.*

STUDENT NAME: _____ **BIRTH DATE:** _____
First Middle Last

SCHOOL: _____ **GRADE / TRACK:** _____

EARLY CHILDHOOD HEALTH HISTORY

Were there any significant problems during the pregnancy, labor or delivery? No Yes
If yes, is this concern a current issue? No Yes
If yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Allergies – Life Threatening – Comment required

- Life threatening allergy – Dairy **Comment:** _____
- Life threatening allergy – Food **List Food(s):** _____
- Life threatening allergy – Insect Sting **Comment:** _____
- Life threatening allergy – Latex **Comment:** _____
- Life threatening allergy – Peanut **Comment:** _____
- Life threatening allergy – Tree Nuts **Comment:** _____
- Life threatening allergy – Other **List:** _____
- Life threatening allergy – Unknown **Comment:** _____

Allergies – Comment required where indicated

- Animal
- Environmental/Seasonal
- Food **List Food(s):** _____
- Insect Sting
- Latex
- Medication **List Medication(s):** _____
- Non-Specific

Other Conditions – Comment required where indicated

- ADD/ADHD – Name of medication: _____
- Alopecia
- Arthritis Juvenile
- Asthma **Comment:** _____
- Autism Spectrum **Comment:** _____
- Auto-Immune Condition **Comment:** _____
- Blood Disorder **Comment:** _____
- Cancer **Comment:** _____
- Celiac Disease



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- Cerebral Palsy
- Chromosomal Anomalies Comment: _____
- Crohn's Disease
- Cystic Fibrosis
- Diabetes Comment: _____
- Down Syndrome
- Emotional Condition Comment: _____
- Encopresis Comment: _____
- Enuresis Comment: _____
- Fetal Alcohol Syndrome
- Frequent Headaches Comment: _____
- Gastrointestinal Disorder Comment: _____
- Head Injury/Concussion Comment: _____
- Hearing Impaired Comment: _____
- Heart Condition – No Restriction Comment: _____
- Heart Condition – Restrictions Comment: _____
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries Comment: _____
- Hypoglycemia Comment: _____
- Immune Compromised Comment: _____
- Kidney Problem Comment: _____
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia Comment: _____
- Neurologic Disorder Comment: _____
- Nosebleeds
- Orthopedic – Physical Limitation Comment: _____
- Orthopedic – No Restrictions Comment: _____
- Other List: _____
- Paraplegia
- Quadriplegia
- Scoliosis
- Seizure Disorder Comment: _____
- Shunt/Hydrocephalus Comment: _____
- Skin Condition Comment: _____
- Syncopal Episodes Comment: _____
- Syndrome Comment: _____
- Thyroid Condition
- Tourette Syndrome Comment: _____
- Tracheostomy Comment: _____
- Traumatic Brain Injury Comment: _____
- Urinary Problem Comment: _____



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- Wears Glasses/Contacts
- Vision Impaired
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Comment: _____

ADDITIONAL INFORMATION

- List any illness, hospitalization, surgery, accidents your student had in the past year. **None**
 _____ **Date:** _____
 _____ **Date:** _____
 _____ **Date:** _____
- List any emotional, social or other conditions that might affect your student's school performance.
 _____ **None**
- Is your student *currently* taking any medication, including over-the-counter medication? **No** **Yes**
- If your student will need to be given medication at school, a Provider Medication Authorization Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.
- Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc)? **No** **Yes**
 If yes, please explain: _____
- **Is there anything else you would like us to know about your student?** **No** **Yes**

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____