

Student Health History

Please note: This information is confidential. Information is only shared with staff in the interest of keeping students safe (such as where a stored medication is) or helping children learn (such as informing a teacher that a student wears glasses for reading). Please see the School Nurse if you have any concerns regarding your child's health or confidentiality.

Student's Name _____ **Student's Birthday** ___/___/___
Any known allergies? _____
Any history of allergic reactions? _____ What happened? _____
Any seasonal allergies? _____ Is student on medication for allergies? _____ What type? _____
Any chronic respiratory condition, such as asthma? _____
If so, what are the triggers? _____
How is it controlled? _____
Should an inhaler/other med be kept at school? **IF SO, PLEASE SEE THE NURSE.**
Any complications during pregnancy or birth? _____
Full term? _____ Birth weight? _____ If born early, how many weeks early? _____

Any of the following?

Blood disorders _____ Hormone concerns _____
Muscular/Skeletal conditions _____
Heart conditions _____
History of seizures _____ If so, what type? _____ How many? _____
Stomach, bowel, urinary condition _____
Eyeglasses or other visual condition _____
Hearing or speech conditions _____
Skin condition or skin sensitivity _____
Enlarged tonsils or adenoids _____ Surgery, past or planned? _____ If yes, when? _____
How is the student's dental health? _____ Any procedures planned? _____

History of:

Ear infections _____ how many? _____ any ear surgery or intervention? _____
Strep throat or scarletina? _____
Chicken pox: Had disease _____ When? _____ Or had varicella vaccine? _____
Hyperactivity? _____ Any medication? _____ Type _____ Home and school? _____
Sleep habits _____
Eating habits _____
Any dietary restrictions? (including religious—pork for example) _____
Any other health concerns? Any family health history you think may affect your child?
Ex: asthma, diabetes, hormonal, heart, vision, hearing, etc _____

Parent/Guardian signature _____ Date ___/___/___
Please print name _____