

## HEALTH HISTORY FORM

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Primary Physician/Clinic Name: \_\_\_\_\_

Specialist Name/Clinic (if applicable): \_\_\_\_\_

### HEALTH INFORMATION: Please read and respond to all questions

\*Does your child have any health concerns/conditions we need to be aware of at school?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

**\*If you marked yes, please see back of form**

\*Does your child take any medications daily or as needed?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

**\*If your child would need medications in school, please see back of form**

\*Does your child have any known allergies to foods/medication/insect bites/pollens, etc?

NO \_\_\_\_\_ YES \_\_\_\_\_ List allergy(ies) and describe usual treatment: \_\_\_\_\_

\*Does your child have any dietary considerations (celiac, lactose-free milk)

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

\*Does your child have any special needs that require the use of corrective devices? (hearing aids/vision aids/leg brace?)

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain: \_\_\_\_\_

\*Does your child wear glasses/contacts?

NO \_\_\_\_\_ YES \_\_\_\_\_ Explain when your child should wear them: \_\_\_\_\_

**\*Please attach copy of Kindergarten physical and immunizations along with this form or have your clinic fax to the school.**

### Release of Information

It may be necessary at times to share pertinent health information about your child with school staff in order to provide adequate accommodations to promote a positive learning environment. Please notify the school nurse if you have any concerns or specific things you do not want released to staff members. Only necessary information will be released.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

## **Medication Use during School Hours**

If medications are needed during school hours, please see the information below.

- A medication authorization form signed by physician AND parent are required prior to any medications being given. We cannot give any medications without orders.
- ANY over-the-counter medications such as acetaminophen (i.e. Tylenol) or cough drops also need a signed order from a licensed provider.
- \*Please note that if your child will be attending Compass (before or after school childcare), they need a separate authorization form.
- The school needs an original labeled bottle with correct directions for use. ALL medications need to be in a bottle/container.
- A parent/guardian needs to bring the medication to school. No medications should be sent with the student.
- All forms are found on the District website under Health Services or in your school health office.

## **Student Health Conditions**

- If your child has a health condition that the school should be aware of, please contact the school AT LEAST 2 WEEKS prior to the start of school in case a health plan is needed to keep your child safe.
- If your child has any of the following health conditions, paperwork is needed in the health office. You can contact your child's school for the paperwork, or they can be found on the District website.

Diabetes

Epilepsy/Seizures

Asthma

Anaphylactic Allergies (i.e. bee sting, food allergies, etc.)