

STUDENT HEALTH HISTORY

Student's Name: _____ Birthdate: _____

Does your child take any medication on a routine basis? Yes No

Name of medication: _____ Purpose of Medication: _____

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Please contact the school office regarding the "Medications at School" policies if your child must take prescriptions or over the counter medications during the school day.

Check the box and explain if your child has a history of, or now has the following conditions or concerns.

HEALTH HISTORY

ADD/ADHD: Yes No

Medication needed at school? Yes No

ASTHMA: Yes No

If Yes: Mild Moderate Severe

Medicina necesaria en la escuela? Yes No

ALLERGIES: Yes No

Mild Moderate Severe

Bees/insects

Foods _____

Seasonal Hayfever

Allergic to Medication _____

Other _____

EpiPen at home EpiPen at school

(Not necessary to include Poison Oak/Ivy)

SEIZURES: Yes No

Medication: _____

PHYSICAL LIMITATION: Yes No

Special Equipment needed at home

Special Equipment needed at school

DIABETES: Yes No

If Yes: Type I Type 2

CARDIAC CONDITION: Yes No

VISION CONDITION: Yes No

HEARING CONDITION: Yes No

OTHER SIGNIFICANT ILLNESS/INJURY:

Yes No _____

OVERNIGHT HOSPITALIZATIONS: Yes No

AGE _____ WHY? _____

Prenatal History/Obstetrical History

Birth History

Developmental History (age)

(Please circle "Y" if yes and "N" if no. Explain all "yes" answers in the space provided. Include year/age of your child at time of event.)

Under physician's care during pregnancy	Y N	Birth weight:	Sat alone:
Any complications during pregnancy	Y N	Infants condition at delivery: good fair poor	Crawled:
Anemia/Bleeding	Y N	Jaundice	Y N
Kidney Problems	Y N	Cyanosis-blue	Y N
Significant Swelling	Y N	Respiratory distress	Y N
Infections	Y N	Bleeding	Y N
Bed Rest Recommended	Y N	Abnormalities	Y N
Duration of Pregnancy		Incubator	Y N
Delivery: Vaginal Caesarian		Feeding Problems	Y N
Anesthetic used:		RH/Blood Problems	Y N

Additional Information: _____

Do you have anything that you want to discuss with the school nurse? Y N

Parent Signature: _____

Date: _____ HF-1