

STUDENT HEALTH HISTORY UPDATE

STUDENT _____ GRADE _____ ROOM _____

Please complete this form and return it to school as soon as possible. Having up-to-date health information allows better care and understanding of your child's needs if problems arise during the school day. If there are any future changes in your child's health status, please send a note to school or call the nurse. **Check all health conditions your child may have.**

- ADD / ADHD**
- ALLERGIES** or reactions to: (Please explain)
Food(s) _____
Medication(s) _____
Plant / Animal / Environmental _____

- ASTHMA** (Identify triggers)

Has your child ever needed emergency treatment for asthma?
___ YES ___ NO

- BLADDER PROBLEMS** (Please explain)

- BOWEL PROBLEMS** (Please explain)

- CYSTIC FIBROSIS**
- DIABETES** Age of diagnosis _____
- EAR INFECTIONS** (frequently after age of 3)
Approximate date or age of last infection _____
Currently under the care of ENT? ___ YES ___ NO
Currently has PE tubes? ___ YES ___ NO
Date of last ENT appointment _____

- EATING DISORDER**
- EMOTIONAL/ BEHAVIORAL CONCERNS**

- EYE PROBLEMS** (Please explain)

Wears glasses/contacts? ___ YES ___ NO
Date of last eye examination _____

- HEADACHES** (frequent)
Migraines? ___ YES ___ NO
- HEART CONDITION** (Please explain)

- KIDNEY DISEASE** (Please explain)

- MENSTRUAL PROBLEMS** (Please explain)

- PHYSICAL DISABILITY** (Please explain)

- RECENT HOSPITALIZATION/SURGERY
SIGNIFICANT INJURY** (Please explain)

- SICKLE CELL DISEASE** (not trait)
Date of last sickle cell crisis _____

- SEIZURES / EPILEPSY**
Date of last episode _____

- SPINAL CURVATURE** (scoliosis, etc.)
Currently under the care of an orthopedic doctor?
___ YES ___ NO

- TICS / NERVOUS TWITCHES**

My child takes the following daily medication(s) _____

My child takes the following medication(s) occasionally _____

Please identify any other health information not listed above that you believe school personnel need to be aware of _____

- NONE OF THE ABOVE APPLIES TO MY CHILD.**

This information may be shared with school personnel if it is pertinent to health and safety, educational progress and/or behavioral management plan.

Parent/Guardian Signature _____ Date _____

