

Confidential Health History

Student's Name: _____ Grade: _____ DOB: _____

Allergies:

- Food: _____
- Medications: _____
- Plants/pollens: _____
- Insects: _____
- Other: _____

Severity: Mild Moderate Severe

Treatment: _____

Medications:

Daily (list) _____ As needed (list) _____

Surgical History: _____

Check any specific health condition that may affect your child in the school setting; please explain and/or add any health condition not featured on the list in the space provided below:

- | | | |
|--|--|---|
| <input type="checkbox"/> high blood pressure | <input type="checkbox"/> diabetes | <input type="checkbox"/> headaches |
| <input type="checkbox"/> low blood pressure | <input type="checkbox"/> heart condition | <input type="checkbox"/> ADHD/ADD |
| <input type="checkbox"/> abdominal (constipation/reflux) | <input type="checkbox"/> low blood sugar | <input type="checkbox"/> vision/hearing |
| <input type="checkbox"/> kidney/urinary disease | <input type="checkbox"/> fainting | <input type="checkbox"/> emotional |
| <input type="checkbox"/> seizures/convulsions | <input type="checkbox"/> asthma (triggers) | <input type="checkbox"/> anemia (chronic) |
| <input type="checkbox"/> other/explain below | | |

Description of Condition: _____

Special Diet: _____

Specific accommodations/treatments: _____

Limited activity needs: _____

Does student wear glasses/contacts? _____ Distance Reading Both

Physician: _____ Telephone: _____

Parent Signature: _____ Telephone: _____

- *If you wish your child to have medication available to him/her, you may bring it to my office in the original labeled container.*
- *Individual Health Care Plans are made available to a student's teachers as deemed necessary based on condition and severity, or if otherwise requested. This form will be maintained in the office of the school nurse. If there are changes to your child's health status during the school year, please update the form. Please contact the school nurse, Renae Smith, at 770-253-9898, ext. 1830 to discuss any of the above health information, as needed.*