

# ANNUAL HEALTH HISTORY

## 2017-2018

Student \_\_\_\_\_ Birthdate \_\_\_\_\_ Grade \_\_\_\_\_

Does your child have:

**YES**

**NO**

\_\_\_\_\_      \_\_\_\_\_      Asthma? List medications used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List medications needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Diabetes? List Insulin used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List Insulin needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Is Glucagon needed at school? \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Seizures or Epilepsy? List medications used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Is Diastat need at school?

\_\_\_\_\_      \_\_\_\_\_      Heart disease or bleeding disorder? List medications used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List medications needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Allergies to food, medications or animals? List allergies \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List medications used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List medications needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Is an Epi-pen needed at school?

\_\_\_\_\_      \_\_\_\_\_      Any physical handicaps or hearing/vision concerns? Specify \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Glasses

\_\_\_\_\_      \_\_\_\_\_      ADHD

\_\_\_\_\_      \_\_\_\_\_      List medications used at home \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      List medications needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Anxiety/Depression  
List medications used at home \_\_\_\_\_  
List medications needed at school \_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Other medications that are needed at school or home and not previously listed \_\_\_\_\_  
\_\_\_\_\_

Reason for medication \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_      \_\_\_\_\_      Any immunizations during the past year? Please list name of immunizations and dates received \_\_\_\_\_  
\_\_\_\_\_

Any serious illness, surgery or accidents during the past year or any other additional information that you would like to share? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

We, the parent(s)/guardian(s) of \_\_\_\_\_, authorize school personnel to refer our child to our family doctor or family dentist in the event we cannot be readily contacted, and authorize the doctor/dentist to treat the child. If either our doctor/dentist or we cannot be reached, and the situation is recognized by the attending as emergent, we give the school permission to arrange transportation for our child to a medical doctor and/or medical facility or dentist.

WE agree to assume all costs involved including possible ambulance fees.

We prefer \_\_\_\_\_ hospital.

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

Phone \_\_\_\_\_

Date \_\_\_\_\_

**Medications needed at school require a Medication Authorization Form available in the school office or on the district website.**

**I understand this information will be shared in a confidential manner with the District Nurse and other school personnel as needed to best meet the health and educational needs of my child.**