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Student Name: _____ School Year **2017-18**

Dear Parents / Guardians:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history that is updated annually. Please complete this form and return it to the school nurse as soon as possible. Thank you, Melinda Teal, RN

Student Date of Birth: _____ Address: _____ Phone #: _____

Name of Father: _____ Work Phone #: _____

Name of Mother: _____ Work Phone #: _____

Responsible adult to assume responsibility for child if parent/guardian can't be reached (Someone close to school)

1. _____ Daytime Phone #: _____

2. _____ Daytime Phone #: _____

Physician: _____ Phone #: _____

Dentist: _____ Phone #: _____

Hospital: _____ Phone #: _____

If you and the physician of your choice as indicated above can't be reached in an emergency, do you authorize responsible school authorities to send your child (properly accompanied) to an available hospital or physician?

Yes _____ No _____

Insurance: _____ Group / ID #: _____ Policy #: _____

Does your child take any medications? Yes _____ No _____

If yes, please list name of medication and dosage: _____

Does your child have any allergies to food? Yes _____ No _____

If yes, please list the food item and type of reaction: _____

Is your child allergic to any medications? Yes _____ No _____

If yes, please list name of medication and type of reaction: _____

Is your child allergic to bees or flying insects? Yes _____ No _____

If yes, please list symptoms that occur and usual treatment: _____

Has your child been hospitalized for any reason since birth? _____

Please list any known health problems: _____

Are there any problems in the home that might affect your child's learning?
(i.e.: recent job change, family relationship change, family illness) _____

Additional comments or information: _____

I give my permission to the school and the nurse to obtain, disclose, and discuss health information with my child's health care provider and teacher when indicated.

Signature of Parent / Guardian: _____