

School Health Service
Health History

Dear Parent / Guardian:

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.

Student's name: _____

Birth Date: _____ Sex: M or F

1. When was your child's last physical exam? _____

Physician/ Clinic: _____

Purpose of exam: Routine check up _____ or Illness of Injury

2. Does your child have a health problem? (check any that apply)

Asthma _____ Diabetes _____ Vision _____ Orthopedic _____ Injury _____

Hearing Impaired _____ Neuromuscular _____

Hay Fever _____ Mild Allergies _____ Seizures/ Convulsions _____

Heart _____ Severe Allergies _____ Medication Allergies _____

Other _____

Please Explain: _____

3. Does your child understand his/her condition? Yes _____ No _____

4. List any medication taken by this child, dosage and time:

5. Does the medication affect his/her behavior? Yes _____ No _____

6. Does the medication need to be given at school? Yes _____ No _____

7. Should your student be given preferential seating? Yes _____ No _____

8. What hospital emergency room do you prefer

9. Is there any other health information we should know about?

*Note: Any medication needed to be given at school needs the proper documentation signed by the prescribing physician. Please see Alpine School District web sight for the form or ask the registrar at Mt. Ridge.