

# ANNUAL STUDENT HEALTH HISTORY UPDATE 2012-2013

Dear Parent/Guardian:

Please list any pertinent health problems or disabilities for your child. Please include any changes during the past year, particularly serious allergies, vision or hearing problems, medications, and chronic or serious illnesses or injuries for which your child is receiving medical care. Thank you.

**This form must be returned to school.**

RN, School Nurse

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\_\_\_\_\_  
Student's Name                      Grade                      Homeroom

**NO HEALTH PROBLEMS** \_\_\_\_\_

**SURGERY, ILLNESS, INJURIES (include dates):** \_\_\_\_\_

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**ACTIVITY:** Does your child have any restrictions to participating in gym, sports, recess?  No     Yes  
*Explain if yes;* \_\_\_\_\_

**ALLERGIES:** *please explain*

- Medication \_\_\_\_\_
- Food \_\_\_\_\_
- Stings \_\_\_\_\_
- Other \_\_\_\_\_

**ASTHMA:** Does your child have **asthma?**  No     Yes - *circle:*    mild    moderate    severe

- Does exercise aggravate your child's asthma? \_\_\_\_\_
- Is medication necessary before gym class? \_\_\_\_\_ sports participation? \_\_\_\_\_
- Will inhaler be sent to school? \_\_\_\_\_

**MEDICATIONS CURRENTLY RECEIVING:** \_\_\_\_\_

Will medication need to be given in school? \_\_\_\_\_

**SCOLIOSIS:** Has your child been diagnosed with scoliosis? \_\_\_\_\_ Physician \_\_\_\_\_  
Is your child receiving treatment? \_\_\_\_\_ or just being observed? \_\_\_\_\_

**Please list any comments you feel necessary regarding your child's health or behavior** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Parent or guardian signature** \_\_\_\_\_ **Date** \_\_\_\_\_