STUDENT HEALTH HISTORY 20XX-20XX 2017-2018

Child's Name_____Birthdate_____

School_____Grade_____Teacher_____

Parent/Guardian's Name_____

Home Address_____

Phone_____Pager/Cell Phone_____

Emergency Contact

Name/Relationship_____Phone_____

HEALTH HISTORY: PLEASE CHECK AND EXPLAIN ALL HEALTH PROBLEMS DIAGNOSED BY A PHYSICIAN:

Asthma: Mild_____ Moderate____ Severe_____ ***PLEASE SEE NOTE BELOW**	**Allergies:** Bees_____ Food_____ Epi-Pen_____ if ordered, contact school nurse ****PLEASE SEE NOTE BELOW**	**Seizure:** Type_____ Date of last seizure_____ Diastat ordered_____ *****PLEASE SEE NOTE BELOW**
Diabetes: Type I_____ Type II_____ Insulin Injection_____ Pump_____ *****PLEASE SEE NOTE BELOW**	Comments:	ADD_____ ADHD_____
Does your child have: Medicaid_____ CHIP_____ Health Insurance_____	Does your child have a Dentist: Name of Dentist_____ Phone_____ Date of last exam_____	Does your child have a pediatrician: Name of Pediatrician_____ Date of last exam_____

***If you marked that your child has **Asthma**, please obtain an Asthma Action Plan from your healthcare provider and give a copy to the School Nurse.

****If you marked that your child has a **Food Allergy** diagnosed by a healthcare provider, please obtain the required Special Diet Order packet from your School Nurse. These forms are required to be completed before *any* modifications to the school meals can be made.

*****If you marked that your child has **Seizures**, please obtain a WV Seizure Action Plan from your healthcare provider and give a copy to the School Nurse.

******If you marked that your child has **Diabetes Type I**, please obtain Diabetic orders from your healthcare provider and give a copy to the School Nurse.

In the event that a parent or guardian cannot be reached, I hereby authorize school authorities to have my child transported for emergency treatment and give permission for the information on this sheet to be released to the medical facility and physician providing emergency treatment.

Signature of Parent/Guardian_____Date_____