

GENEVA AREA CITY SCHOOLS
Health History 2018-2019

Student (Print) _____ **Date of Birth** _____ **Grade** _____

Please (X) any of the following conditions your child has experienced:

- Hearing Problems (Circle) Yes/No When? _____ Tubes (Circle) Yes/No When? _____
- Visions problem (Circle) Yes/No Problem _____ Wears glasses/Contacts (Circle) _____
- Diagnosed ADD or ADHD-Since when? _____ Medication _____
- Will medication be needed in school? Yes/No (Circle) When? _____
- Allergies-List _____
- What happens? _____
- Is Epi-pen prescribed for allergies? Yes/No. If yes, parents must provide Epi-pen. _____
- Bee Sting Allergy-What happened? _____
- Is Epi-pen prescribed? Yes/No. If yes, parents must provide Epi-pen. _____
- Asthma-Is an inhaler used? Yes/No How often? _____
- List medications for asthma _____
- Doctor and Phone _____ Date last seen _____
- History of Chicken Pox? Yes/No Date _____ Vaccine Date _____
- Diabetes-When was it diagnosed? _____ Glucose testing needed _____
- Medication taken _____ Doctor and Phone _____
- Seizures-What Type? _____ Last seizure _____
- Medication taken _____ Doctor and Phone _____
- Hospitalizations-For what? _____
- Episode of loss of consciousness? Yes/No (Circle) When? _____
- Bone/joint problems or fractures? Yes/No (Circle) Is a brace worn? _____
- What bone or joint and when? _____
- Emotional Concerns-List _____
- Depression-How long? _____ Medications? _____
- My child is healthy and has no health problems.

Has your child seen a doctor for anything in the past year besides a physical exam? Yes/No

What for? _____

Please list any other recurrent medical problems or unusual illness you would like the nurse to be aware of: _____

Please contact the school nurse for medication forms if your child needs medication at school, including inhalers for asthma or Epi-pens for severe allergies. Your child may carry an inhaler if medically authorized and developmentally appropriate, after informing the nurse. Students will receive periodic grade level vision and hearing screening and screening for scoliosis.

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health and education interest. Your signature gives permissions for the nurse to inform school staff of precautions and procedures to protect your child in the classroom and to foster academic success.

Your signature is an informed consent to share this health history with the school staff on a need-to-know basis for academic success and emergency plans, as determined by the nurse.

X _____
Parent/Guardian Signature Phone Number Date