Student Medical History

SECTION 1 - STUDENT INFORMATION			
First Name : ______		Middle Name: ______	
Last Name: ______		DOB: ______	
Male or Female (please circle)	Place of Birth (City/State): ______		
Street Address:	______ (street/apt #)	______ (city & state)	______ (zip)
Mailing Address:	______ (P.O. Box #)	______ (city & state)	______ (zip)

SECTION 2 - PARENT INFORMATION			
Child lives with (please circle): Both Parents Mother Father Guardian: ______			
Parent #1 Full Name: ______ Relationship: ______			
Phone (h): ______	(w): ______	(c): ______	
Parent #1 Address:	______ (street/apt #)	______ (city & state)	______ (zip)
Parent #1 Employer: ______			
Parent #2 Full Name: ______ Relationship: ______			
Phone (h): ______	(w): ______	(c): ______	
Parent #2 Address:	______ (street/apt #)	______ (city & state)	______ (zip)
Parent #2 Employer: ______			
Alternate Emergency Contact: ______	Phone: ______		

SECTION 3 - HEALTH CARE PROVIDER INFORMATION	
Does you child have medical insurance? ☐ Yes ☐ No	
Does you child have dental insurance? ☐ Yes ☐ No	
Doctor's Name: ______	Phone: ______
Doctor's Address: ______	
Dentist's Name: ______	Phone: ______
Dentist's Address: ______	

STUDENT MEDICAL HISTORY

SECTION 4 - SIBLING INFORMATION		
Please provide the following information about your child's siblings (use back of page if necessary):		
Name	Grade & Building	Significant Medical History

SECTION 5 - MEDICAL INFORMATION

Was your child premature? ☐No ☐ Yes, # of weeks gestation: ______

Were there any problems with the delivery? ☐No ☐ Yes , please explain:______________________________

Birth Weight: ________ (lbs / kg) | Did he/she breathe right away? ☐Yes ☐ No

Explain any medical problems your child might have (or had): ______________________________

Please list any medication your child takes, dose, and when it is taken (including prescription, over-the-counter, herbal, vitamins, etc.):______________________________

Please list any allergies your child has (please be specific and explain how the allergy is managed):

____

SECTION 5 - EDUCATIONAL INFORMATION

Is you child currently in preschool? ☐ No ☐Yes, at ______________________________

Is your child currently on an IEP or 504 Plan? ☐ No ☐Yes, please explain: ______________________________

SECTION 6 – STEP PARENT INFORMATION
(☐ Not Applicable)

Child's step father's full name: ______________________________
Address: ______________________________ Phone: ______________

Child's step mother's full name: ______________________________
Address: ______________________________ Phone: ______________

Please list the parent your child does not live with: ______________________________
Address: ______________________________ Phone: ______________

Date: ________	Parent/guardian Signature: ______________________________
Printed Name: ______________________________ **Relationship:** ______________	
If you need privacy to talk to the nurse, please call to schedule an appointment.	
Please return this form to:	