

Student Health History- Annual Update
This is NOT a substitute for the Physical Exam

ALLERGIES

Y N

To What? _____

Life Threatening? Y N

*Does Student Need Epi Pen? Y N

ASTHMA

Y N

*Does student need rescue inhaler? Y N

CARDIAC PROBLEMS

Y N

Cardiac condition _____

Does student have pacemaker? Y N

Does student have defibrillator? Y N

SEIZURES

Y N

*Does student need Diastat? Y N

COVID- 19

Ever tested positive for COVID Y N

Date of positive test: _____

Was hospitalization required? Y N

Any related complications? Y N

Medical clearance provided for sports Y N

If received: Vaccine Name _____

Date #1 received _____

Date # 2 received _____

Date Booster received _____

DIABETES

Y N

Does student use a pump? Y N

Does student use CGM Monitor Y N

*Parents must maintain supplies in Health Office

Other Health Conditions: _____

Does student take any medicine at home on a regular basis? Y N

Medication: _____ Reason Taking: _____

Does Student Need to take any medication at school? Y N

Medication: _____ Reason Taking: _____

****Physician Medication Authorization Form required for each medication to be administered in school with the exception of standing order for Tylenol or Ibuprofen. Medication must be delivered by parent or guardian.***

I understand that no student may carry any prescription or over-the-counter drug in school or on school property with the exception of emergency medications: rescue inhalers, Epi pens or insulin.

Parent Signature

Student Signature