

Edwards County Community Unit # 1

Health History Form

School Year 2016-2017

Confidential Information

Student's Name Last First Grade Today's Date

Please indicate Yes or No if your child is currently or has been in the past, affected by any of the following items. Please add additional information that would be beneficial to the School Nurse. Use the back side of the form if needed.

- Chicken Pox Yes No -> If yes, Date of Disease
Birth Defects Yes No -> Type
Blood Disorder Yes No -> Type
Sickle Cell Anemia Yes No -> Explain
Diabetes Yes No -> Medication/Diet
Epilepsy/Seizures Yes No -> Type Meds
Heart Problems Yes No -> Type Meds
Asthma Yes No -> Uses Inhaler Yes No (If yes, please see the nurse.)
ADD Yes No -> Medication
ADHD Yes No -> Medication
Hearing Difficulty Yes No -> Wears Hearing Aid(s) Yes No
Speech Problems Yes No -> Ever had speech therapy Yes No
Ear Infection Yes No -> Have tubes now: Yes No Ever had tubes: Yes No
Vision Difficulty Yes No -> Currently wears: Glasses Contacts None
Medication Allergy Yes No -> If yes, please list
Food Allergy Yes No -> If yes, please list EpiPen: Yes No
Other Allergies Yes No -> If yes, please list
Special Diet Yes No -> Type Restrictions
Bone/Joint Problems Yes No -> Explain
Cystic Fibrosis Yes No -> Med at School Yes No (If yes, please see the nurse.)
Muscular Dystrophy Yes No -> Special Needs
Multiple Sclerosis Yes No -> Special Needs
Cerebral Palsy Yes No -> Special Needs
Headaches Yes No -> Medication
Bowel Problems Yes No -> Special Needs
Urinary Problems Yes No -> Special Needs
Tumors/Cancer Yes No -> Location/Med
Mental Illness Yes No -> Diagnosis/Med
Depression Yes No -> Medication Therapy Yes No
Nervous/Anxious Yes No -> Special Needs/Medication
Sleep Disorder Yes No -> Special Needs
Surgeries Yes No -> Type & Date
Hospitalizations Yes No -> Reason

Daily Medications

Other information

In an emergency, if your child would need to be transported to the hospital, which hospital would you want them taken to? (Please circle) Fairfield Mt. Carmel Olney

EMS will only transport to the nearest hospital in an emergency situation. They could later be transferred to another hospital in Evansville, Mt. Vernon, etc.

Please Read

All medications must be kept in the nurse's office or the West Salem Grade School Office and in their original containers. A physicians order is required for all medication given at school including over-the-counter medications.

** I understand that medication CANNOT be given to my child at school unless I have a physician complete the medication order form and sign at the bottom giving the school personnel permission to administer the medication.**

Parent/Guardian Signature Date