Cherryvale – Thayer
USD #447

HEALTH HISTORY FORM

Name:	DOB: Age: Grade:	Gender: ☐ M ☐ F
Parent/Guardian:	Home Phone: Cell Phone:	Date:

Physician: ______________________________ Phone: ______________________

Dentist: ______________________________ Phone: ______________________

ALLERGIES **(medications, insect, food, environmental):** ______________________

Does your child have an Epi pen for an allergy? ____Yes ____No

Emergency Contacts Other than Parent:

Name: ______________________ Relation: ____________ Phone: ____________

Name: ______________________ Relation: ____________ Phone: ____________

CHECK ALL THAT APPLY TO YOUR CHILD:

- ☐ ADHD
- ☐ Asthma/trouble breathing
- ☐ Autism/Asperger
- ☐ Dental Injuries
- ☐ Diabetes
- ☐ Ear Infections
- ☐ GI Conditions (ulcer, reflux, IBS)
- ☐ Headaches/migraines
- ☐ Heart Conditions
- ☐ High Blood Pressure
- ☐ Mental Health Condition
- ☐ Scoliosis
- ☐ Single Organ (☐kidney, ☐testicle)
- ☐ Skin Condition
- ☐ Speech Condition
- ☐ Urinary Condition

Please explain and give dates of illness. If any chronic illness (asthma, diabetes, ect.) please explain current treatment:

____

____

Does your child use medications regularly? If so, please list. ______________________

Will the medications be given during school hours? ______ YES ______ NO

Does your child have a vision, hearing or communication problem? ______ YES ______ NO

If yes, please explain: ____

Does your child have emotional or behavioral problems? ______ YES _____ NO

If yes, please explain problems and treatment now using: ______________________

Wear any special appliances (glasses, hearing aids, braces of any kind, ect.) _____ YES _____ NO

If yes, please explain: ____

Does your child need any special help in school due to health problems? _____ YES _____ NO

If yes, please explain: ____

Parent Guardian Signature: ______________________________ Date: ______________

***** It is mandatory by state law that we have a health history of every student. All information is confidential. Aimee Strickland, RN USD #447 District Nurse *****