

La Center School District

Student Health History ____/____ School Year

Student Name: _____ Date of Birth: _____ Grade: ____ Male Female

Parent Name: _____ Phone #: _____ Teacher: _____ Bus# _____

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

If your child has a life-threatening condition, state law requires medication and/or treatment orders from a Licensed Health Professional and an Emergency Care Plan to be in place before your child can attend school. Please check appropriate boxes below and explain if needed.

Health Condition	Yes	No	Explanation if "Yes" checked
Food Allergies	<input type="checkbox"/>	<input type="checkbox"/>	Food(S): <input type="checkbox"/> peanut <input type="checkbox"/> tree nut <input type="checkbox"/> dairy <input type="checkbox"/> eggs <input type="checkbox"/> other _____ Rate the reaction: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Does your child require an EpiPen? <input type="checkbox"/> yes <input type="checkbox"/> no
Allergy to Bee Stings	<input type="checkbox"/>	<input type="checkbox"/>	Rate the reaction: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Does your child require an EpiPen? <input type="checkbox"/> yes <input type="checkbox"/> no
Medication Allergies	<input type="checkbox"/>	<input type="checkbox"/>	List: _____
Allergies (other)	<input type="checkbox"/>	<input type="checkbox"/>	List: _____
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Rate the severity: <input type="checkbox"/> mild <input type="checkbox"/> moderate <input type="checkbox"/> life-threatening Asthma medication taken at home: _____ Medication required at school: _____
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 1 (insulin Dependent) <input type="checkbox"/> Type 2 Diabetes medications(s) taken at home: _____
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Type of seizure: _____ Medications: _____
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Cancer	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Blood Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment: _____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Medication for ADD/ADHD: _____
Mental Health / Behavioral Issues	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment/Medication: _____
Orthopedic Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Wears glasses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> For Distance <input type="checkbox"/> For Reading
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	Hearing Loss <input type="checkbox"/> Right Ear <input type="checkbox"/> Left Ear <input type="checkbox"/> Hearing Aids

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

No Yes if yes, explain: _____

Daily Medication

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

- No Yes Medication needed at school- specify: _____
- No Yes Medication needed at home- specify: _____
- No Yes For daily medication taken at home, would missing 24 hours of this medication pose a health risk to your child or others? If yes, a three-day supply of medication would need to be supplied to the school in case of an emergency (ex. daily asthma, diabetes, seizure, allergy or ADD/ADHD medication).

This information is considered confidential. It will be shared with school staff and emergency responders as needed during the time your child is enrolled in La Center School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature: _____ Date: _____