

GUILDERLAND CENTRAL SCHOOL DISTRICT

Health History Form

Student _____ **Grade** _____ **Date of Birth** _____

Does your child have now or has your child ever had:

(Please check yes or no and give date and brief explanation where applicable)

Condition	Yes	No	Date	Medication Needed? (Name, dose, frequency) *	Explanation
Allergies: Hayfever Environmental					
Anemia					
Arthritis					
Asthma					
Beesting Allergy					
Bladder/Kidney Problems					
Bleeding Disorder					
Chicken Pox					
Diabetes					
Depression					
Ear Problems, Hearing Loss Tubes? Aides?					
Elevated Blood Pressure					
Emotional Problems/Anxiety					
Fainting Spells					
Food Allergies					
Gastrointestinal Problems					
Chronic Headaches Or Migraines					
Head Injury					
Heart Problems					
Nosebleeds Frequent /Severe					
Orthopedic Injury/ Disorder. Requires Prosthetic device?					
Pertussis					
Respiratory Illness: Chronic /Frequent					
Seizure Disorder					
Skin Disorder					
Surgery					
Vision Problems Wears : Glasses? Contact Lenses?					

Please list any other medical problem, illness or concern you would like the nurse to be aware of.

Date of your child's last physical exam _____

New York State requires a physical exam for all new school entrants and for students in grades K, 1, 3, 5, 7, 9 & 11.

We recommend that your family physician perform the physical. A Health Appraisal form for your physician to complete is available from the school nurse. The school district will provide a physical by the school physician for all students who do not provide documentation of a physical by their private physician.

Medication Concerns

***Please contact the school nurse for medication permission forms if your child will need any medication during school hours, including inhalers, epi pens and any over-the-counter medications. Your child may carry an inhaler or epi pen on their person if medically authorized and developmentally appropriate, after informing the school nurse.**

Health History Informed Consent

The disclosure of student health information within the school is limited to the information necessary to serve the student's health or educational interest. Your signature gives permission for the nurse to inform school staff of precautions and procedures to protect your child while at school and to help foster academic success.

Your signature is an informed consent to share this health history with school staff on a *need-to-know-basis* only as determined by the school nurse.

X _____ date _____
Parent/Guardian signature

