

EATON COMMUNITY SCHOOLS
STUDENT HEALTH HISTORY

This form must be completed by the parent/guardian when a student is admitted, or each time a student is re-admitted, to Eaton Community Schools. The original document is reviewed by the School Nurse and placed in the student's green health file. Students in Grades 3, 6, and 9 must update this form at the beginning of the school year.

Student's name	Sex ___ Male ___ Female	Date of birth
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Family Health History – Please list allergies, heart problems, diabetes, cancer or other serious health conditions.

Father
Mother
Brothers and sisters

Birth and Developmental History - ___ No unusual birth or developmental history

Did the mother have any unusual physical or emotional illness during this pregnancy? ___ Yes ___ No
Was infant born full term? ___ Yes ___ No Did the infant have any sickness or problems? ___ Yes ___ No
Briefly explain illness or problems:
How does the child's development compare to other children, such as his or her brothers/sisters or playmates? ___ About the same ___ Delayed ___ Advanced

Student Health Conditions

___ Yes, my child receives regular medical/health care for the following conditions. ___ No medical conditions.

Allergies	Diabetes	Seizure disorder
Asthma	Depression	Sickle cell anemia
ADD/ADHD	Ear problem/hearing difficulty	Skin conditions
Autism	Emotional concerns	Speech problems
Behavior concerns	Headaches	Traumatic brain injury
Birth/congenital malformations	Heart problems	Vision problems (glasses, contacts)
Bone/muscle/joint problems	Hemophilia	Other
Blood problems	Juvenile arthritis	Other
Bowel/bladder problems	Lead poisoning	Other
Cancer	Migraines	Other
Cystic fibrosis	Neuromusclar disorder	Other

Please explain any conditions above or any reasons for hospitalizations.

Has your child had Chickenpox? ___ Yes ___ No If yes, Date: _____

Please indicate any allergies your child may have.

Allergy type	Reaction	School restrictions or recommended actions.
___ Bee/insect		
___ Food		
___ Medication		
___ Other		

HEALTH HISTORY – continued

Please list any prescription and over-the-counter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restrictions, modifications and/or intervention?

Yes No. If "Yes" please explain.

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No. If "Yes" please explain.

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by	Relationship to student	Date / /
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