

Student Health History Form

Parent/quare	dian, please complete:	Name of Stude	ent:		
School:		Grade:	Date of Birth:	Sex: Male Female	
					7
put your child if appropriate ✓ Doo If yes, ple	d in danger of death during to a care plan must be in places your child have a LIF ease state condition:	ment order from a the school day. Ve before your ch	Vritten orders must be recuild can attend school. NING HEALTH CO	your child's health condition will eived by the School Nurse, and NDITION?	
				om in case of an emergency: No	Yes
□ No □ Yes □ No □ Yes	Severe Allergic reaction to	Bee Sting. Ana Food or Nuts.	phylactic No Yes Type:	Describe: Anaphylactic	/es
	Describe	Food or Nute Tu	ma'	Reaction:	
□ No □ Yes	Mild Allergic reaction to	Type:	фе	Reaction: Reaction:	
□ No □ Yes	Other Allergic Reactions. Asthma. Will your child r	equire asthma n	nedication during school	hours? No Yes	
I No LI Yes	Diabetes. Type:	Self m	anage:	rump. Live Lies	
□ No □ Tes	Heart Condition. Diagno.	sis:		Pacemaker: No Yes	
D No DVes	Bleeding Disorder. Diagno	osis:			
□ No □ Ves	Orthopedic Condition. D	iagnosis:			
□ No □ Yes	Seizure/Neurological Disc	order. Describe:			
□ No □Yes	GI/Feeding condition. De	scribe:			
□ No □Yes	Bowel/Bladder condition	Describe:			
DN- DVan	Other Health Concerns			CONT. THE PARTY OF	
□ No □Yes	Does your child have any	other condition	that would affect classre	oom performance or P.E. activities?	
	If was plants ovulain:				
□ No □ Yes	Behavioral/Emotional Co	ncerns:			
□ No □ Yes	Glasses: Contac	ts: Reaso	n:	Date of last eye exam: Hearing Aids: No	□ 3/
□ No □ Yes	Hearing Impairment:		Date of last hearing ex	am: Hearing Aids: ☐ No	□ Yes
TNo D Voc	Haalth Incurance Name				
□ No □ Yes	Primary Care Provider (Doctor/ARNP/P	A)		
prescri	ption or over-the-counter,	horization from can be given at	school. Medication fo	er and parent before any medication, orms are available online at www.rsd.edu.	
				(Authorization need	
□ No □ Y	es Medication needed at	home: (specify):			
Parent/Guar	dian (Printed Name):				
	ardian signature:			T	
				(Work)	1
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This information is considered confidential. To ensure the health and safety of your child, it will be shared with school staff as needed during the time your child is enrolled in Richland School District, unless you request otherwise in writing.