

Essex Community School District

ANNUAL HEALTH HISTORY

Dear Parent/Guardian: Your child's success in school depends to a great extent on his/her physical well being. In order to better care for your child here at school, we request that you complete this form each year to update your child's records. Thank you!

Student Name _____ DOB _____ Grade _____

Present and/or Past Health Problems or Illness: Has a Doctor told you that your child has any of the following conditions?

Allergies: _____

If yes, does the student require the use of an EpiPen? _____

ADD/ADHD _____ Mental Health Problems _____

Asthma _____ (if yes, Asthma Action Plan is required) Vision Problems _____

Bone/Joint/Muscle concerns _____ Seizures _____

Cancer _____ Diabetes _____ Type I or II

Dental Problems _____ Serious illness in last year _____

Dizziness/Fainting _____ Serious accident in last year _____

Head injury _____ Surgeries _____

Hearing Difficulty _____ Heart Problems _____

Does your child take any medications regularly? If yes, please include the name, frequency, and reason for use.

(If your child needs to take any medications during school, a permission form will need to be filled out for each medication).

Does your child have any restrictions? _____

(Activity restrictions greater than one day need a written note from a physician).

Does your child have any assistive devices? (glasses, hearing aid, etc.)? _____

Does your child have any emotional, social, or other conditions that may affect his/her school performance?

Is your child covered by health insurance? _____ Dental Insurance? _____

Do you give the school nurse permission to contact your family doctor/dentist? Yes No

Family Doctor Name _____ Phone # _____

Dentist Name _____ Phone # _____

Hospital Preference _____

If a hospital emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand I am responsible for updating this information as needed. This information is confidential but may be shared with the appropriate school personnel as necessary.

Signature: _____ Date: _____

Relationship to student: _____