



Medical History Form

2010-2011

Grade _____

Advisor _____

Student's Legal Last Name

Student's Legal First Name

MI

MEDICAL HISTORY: (Check all that apply. Use additional sheet to specify, if necessary.)

- ADD/ADHD
 - Anxiety/Depression
 - Allergy
 - Food Medicine Insects
 - Specify: _____
 - Requires Epi-Pen Yes No
 - Requires Benadryl Yes No
 - Arthritis - Specify: _____
 - Asthma
 - Date of last attack: _____
 - Inhaler used at school Yes No
 - Breathing difficulties from exercise
 - Blood Disorders - Specify: _____
 - Cancer - Specify: _____
 - Cerebral Palsy
 - Chronic Illnesses
 - Specify: _____
 - Dental problems/implants
 - Diabetes - Type _____
 - Insulin at school Yes No
 - Other - Specify : _____
- Eating Disorder
 - Epilepsy/Seizure
 - Last Seizure : _____
 - Fainting Spells
 - Gastrointestinal Condition
 - Specify: _____
 - Head Injury/Concussions
 - Hearing Aides
 - Hearing Impairment
 - Heart Disease/Murmur
 - Diagnosis: _____
 - Activity restrictions Yes No
 - Hepatitis (Liver problems)
 - Hypertension
 - Hypoglycemia
 - Immuno-suppression
 - Kidney/Urologic Condition
 - Specify: _____
- Menstrual Cycle Yes No
 - Migraines/Fainting Spells
 - Muscular Dystrophy
 - PDD/Autism/Asperger's
 - Physical Impairment
 - Specify: _____
 - Pregnancy
 - Due date: _____
 - Psychological Disorders
 - Specify: _____
 - Scoliosis
 - Sickle Cell
 - Speech Impairment
 - Stress problems
 - Transplant
 - Visual Correction -
 - Glasses/Contacts/ Both
 - Visual Problems
 - Specify: _____

Special needs, treatments and/or procedures to be provided at school : _____

List medications and dosage your child takes at home : _____

List medications your child will need to take at school : _____

A complete Medication Authorization Form is required for all prescription medications administered at school; please see the school nurse for forms. If a student needs any equipment and/or medical supplies, speak to the school nurse.

I understand that it is the parent's/guardian's responsibility to notify the school of any changes in this information throughout the school year and complete a new medical information form each school year. This information will become part of the student's permanent school record.

THIS INFORMATION WILL BE SHARED WITH OTHER SCHOOL AND MEDICAL PERSONNEL WHO HAVE A NEED TO KNOW.

Parent/Legal Guardian Signature

Date