

Golden Valley Unified School District

School Year 20____ - 20____

Student Name: _____ Grade: _____ Birthdate: _____

School Name: _____

Annual Student Health History

Yes No Allergies to: Food Insects Pollen Medication
Please List _____

Yes No Will your child need medication/epi-pen at school? Name of Medication _____

Yes No Asthma: **Mild Moderate Severe** Triggered by: _____
Requires inhaler/medication? Yes or No **Name of Medication:** _____
Will your child require any medication/inhaler at school? Yes No

Yes No Bee Sensitivity: Localized swelling Hives/Rash Breathing Problems
Yes No Will your child need medication/epi-pen at school? Name of Medication _____

Yes No Diabetes: Type 1 Type 2
Taking Medication? _____
Will your child require medication at School? Yes or No

Yes No Epilepsy (Convulsions) Date of last seizures: _____
Requires Medication: Yes No Name of Medication: _____

Yes No Heart disease: Diagnosis: _____
Physical restrictions _____
Requires medication? Yes No Name of Medication _____

Yes No Headaches or Migraine headaches: How frequent _____
Requires Medication: _____ Name: _____

Yes No Frequent Ear Infections: Requires medication: _____

Yes No Hearing loss: Right / Left / Both Need preferential seating? _____
Yes No Wears a hearing aid? _____ Last exam: _____

Yes No Vision problems: Wears glasses / contacts? To be worn for reading only? _____
To be worn all the time? _____ Last eye exam: _____

Yes No Speech problems: Presently seeing a therapist? Yes No How Long? _____

Yes No Bone or joint problems. Describe _____
Any physical restrictions: _____

Other:

___ Frequent nosebleeds	___ Eating difficulties	___ Dental Problems
___ Breathing problems	___ Neurological	___ Blood pressure problems
___ Blood disorders	___ Fears	___ Bladder problems
___ Skin Problems	___ ADD/ADHD	___ Requires Catheterizations

Is your child taking any other medication? Yes No For what condition? _____
Medication Name _____ Need to take at school? Yes No

Any other health or behavior information you would like us to be aware of: _____

If your student requires medication at school or a PE excuse, please get the necessary forms from the school for the doctor to fill out. This is an annual process so our files are current.

Signature of Parent/Guardian

Date