Gateway Lab School Student Annual Health History Update

This information will be shared on a need to know basis with staff, administration and emergency medical staff in the case of an emergency unless you notify us otherwise.

Student Name _____ DOB: _____ Grade _____ Teacher _____

Name of your child's primary care physician _____ Phone # _____

Date of last physical _____

Name of your child's eye doctor _____ Phone # _____

Date of last eye exam_____ Did the physician prescribe glasses? _____ Last eye glass/contact prescription change _____

Last Dental Exam _____ Name of dentist _____ Phone # _____

Please indicate if your child has difficulty with any of the following conditions and give additional information as needed.

( ) ADHD *( ) Allergies* *( ) Asthma* *( ) Behavior* *( ) Bleeding*	*( ) Body Piercing/Tattoo* *( ) Bone/Spine* *( ) Bowel/Bladder* *( ) Had Chicken Pox illness* *( ) Diabetes*	*( ) Emotional* *( ) Hearing* *( ) Heart* *( ) Infections* *( ) Kidney*	*( ) Physical Disability* *( ) Seizures* *( ) Speech* *( ) Surgery* *( ) Vision*

***Other**:_____*
_____
_____

Does your child have allergies to medicine, food, latex or insect bites? How treated? _____

_____

Has your child had any illnesses or conditions surface since school ended in June? Give details and date.

_____

Has your child had surgery since school ended in June?

_____

Has your child received any immunizations since school ended in June? Please list below with date:

_____

Is your child being treated or evaluated for any health conditions? List them below

_____

Is your child taking any daily medications or having any daily treatments?

_____

Will your child need medications during the school day? Please contact the school nurse to make arrangements for dosing. List medications here
_____

Has your child had any emotional upsets since school ended in June? (Moved, death, separation, divorce or other)
_____

I give permission for the nurse at Gateway Lab School to give the following medications to my child as needed by checked items below::

____Tylenol ____ Motrin ____Benadryl _____Claritin____ Tums _____ Cough drops _____ Chloraseptic spray ___

____Pseudophed (phenylephrine) with Tylenol ____Neosporin ointment ____

***Signature of Guardian** _____ **Date** _____*

Created 5/4/2016 Mary B Hausheer @GLS