

GREAT NECK PUBLIC SCHOOLS

Health Services

Health History

To be completed by PARENTS/GUARDIANS of entering students

Student's Name: _____
Last First Middle

Student's Date of Birth: ___/___/___ Sex ___ Number of Children in Family ___ State or Country of Birth _____

Student's Address _____ City _____ State _____ Zip _____

Name of School _____ Grade _____

Name of Mother or Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Name of Father or Legal Guardian _____

Home Phone _____ Work Phone _____ Cell Phone _____

Medication Allergies: _____

Food Allergies: _____

Other Allergies (i.e., insect bites, etc.): _____

Chronic, Recurring and/or Special Health Conditions

Check any that apply and explain below

Arthritis	Heart Disease	
Asthma	Kidney Disease/UTI	
Attention Deficit – Hyperactivity Disorder	Inflammatory Bowel Disease	
Behavior or Developmental Problems	Mononucleosis	
Cerebral Palsy	Multiple Ear Infections	
Chicken Pox	Neurological Disorders	
Cystic Fibrosis	Pervasive Developmental Disorder/Autism	
Dental Problems	Seizures	
Diabetes	Sickle Cell Disease (not trait)	
Encopresis (involuntary discharge of stool)	Visual Impairment	
Daytime Enuresis (involuntary discharge of urine)	TB/Positive PPD	
Head or spinal injury	Scoliosis	
Hearing Impairment	Illness/Injury	

Describe any family history of chronic illnesses or genetic concerns. Please list family member in relation to child (i.e. mother) and name of condition (i.e. anemia, arthritis, cancer, diabetes, heart disease, high blood pressure, kidney disease, mental illness, stroke, tuberculosis) _____

List names of medical specialists or special clinics caring for your child: _____

Describe your child's operations and hospitalizations, if any (reason and date): _____

Describe any other important health-related information about your child: _____

For the safety of my child, I give permission to discuss confidential information with appropriate school personnel.

Signature of Parent or Legal Guardian _____ Date _____