



HEALTH INFORMATION - 2010-2011 (NEW students)

This information will be reviewed and maintained in confidential manner by the School Nurse assigned to your student's school.

STUDENT NAME: _____ BIRTH DATE: _____
First Middle Last

SCHOOL: _____ GRADE / TRACK: _____

EARLY CHILDHOOD HEALTH HISTORY

Were there any significant problems during the pregnancy, labor or delivery? No [] Yes []

If yes, please explain? _____

PLEASE CHECK ALL HEALTH CONDITIONS THAT APPLY TO YOUR STUDENT. IF A HEALTH CONDITION PERTAINING TO YOUR STUDENT HAS A COMMENT FIELD, PLEASE PROVIDE ADDITIONAL INFORMATION IN THE FIELD.

Allergies - Life Threatening - Comment required

- [] Life threatening allergy - Dairy Comment: _____
[] Life threatening allergy - Food Comment: _____
[] Life threatening allergy - Insect Sting Comment: _____
[] Life threatening allergy - Latex Comment: _____
[] Life threatening allergy - Peanut Comment: _____
[] Life threatening allergy - Tree Nuts Comment: _____
[] Life threatening allergy - Other Comment: _____
[] Life threatening allergy - Unknown Comment: _____

Allergies - Comment required where indicated

- [] Animal
[] Environmental/Seasonal
[] Food Comment: _____
[] Insect Sting
[] Latex
[] Medication Comment: _____
[] Non-Specific

Other Conditions - Comment required where indicated

- [] ADD/ADHD - Name of medication: _____
[] Alopecia
[] Arthritis Juvenile
[] Asthma Comment: _____
[] Autism Spectrum Comment: _____
[] Auto-Immune Condition Comment: _____
[] Blood Disorder Comment: _____
[] Cancer Comment: _____
[] Celiac Disease



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- Cerebral Palsy
- Chromosomal Anomalies **Comment:** _____
- Crohn's Disease
- Cystic Fibrosis
- Diabetes **Comment:** _____
- Down Syndrome
- Emotional Condition **Comment:** _____
- Encopresis **Comment:** _____
- Enuresis **Comment:** _____
- Fetal Alcohol Syndrome
- Frequent Headaches **Comment:** _____
- Gastrointestinal Disorder **Comment:** _____
- Head Injury/Concussion **Comment:** _____
- Hearing Impaired **Comment:** _____
- Heart Condition - No Restriction **Comment:** _____
- Heart Condition - Restrictions **Comment:** _____
- Hepatitis B Carrier
- Hepatitis C Carrier
- History of Injuries **Comment:** _____
- Hypoglycemia **Comment:** _____
- Immune Compromised **Comment:** _____
- Kidney Problem **Comment:** _____
- Lactose Intolerant
- Long QT Syndrome
- Migraine Headaches
- Myalgia Myositis Fibromyalgia **Comment:** _____
- Neurologic Disorder **Comment:** _____
- Nosebleeds
- Orthopedic - Physical Limitation **Comment:** _____
- Orthopedic - No Restrictions **Comment:** _____
- Other **Comment:** _____
- Paraplegia
- Quadriplegia
- Scoliosis
- Seizure Disorder **Comment:** _____
- Shunt/Hydrocephalus **Comment:** _____
- Skin Condition **Comment:** _____
- Syncopal Episodes **Comment:** _____
- Syndrome **Comment:** _____
- Thyroid Condition
- Tourette Syndrome **Comment:** _____
- Tracheostomy **Comment:** _____
- Traumatic Brain Injury **Comment:** _____
- Urinary Problem **Comment:** _____

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- Wears Glasses/Contacts
- Vision Impaired
- Von Willebrand's Disease
- Wolff Parkinson White Syndrome

Comment: _____

ADDITIONAL INFORMATION

- List any illness, hospitalization, surgery, accidents your student had in the past year. **None**

- List any emotional, social or other conditions that might affect your student's school performance. **None**

- Is your student *currently* taking any medication, including over-the-counter medication? **No** **Yes**

- If your student will need to be given medication at school, a separate Medication Release Form for each medication will be needed. If your student is a middle school student and will self-carry prescription medication, a Permission to Carry Form must be completed for each medication. High school students may self-carry and self-administer one-day supply of medication, carried in a pharmacy labeled container.
- Is your student currently receiving alternative therapies (acupuncture, homeopathic, herbal, biofeedback, etc)? **No** **Yes**

If yes, please explain: _____

- Is there anything else you would like us to know about your student? **No** **Yes**

Parent/Guardian Name (please print) _____

Parent/Guardian Signature _____ Date _____