

USD 480 Liberal High School
Returning Student Health History

Student Name: _____ Birthdate: _____
Date: _____ Grade: _____ Phone: _____

_____ **This student has no health concerns.** *(If Checked Please Skip to Signature Below)*

****If Medication is needed during school time or during school events a Medication Permission Request form must be on file with the school nurse. This includes over-the-counter medication for headache, pain, cold, allergies, etc. For complete information see the medication policy at WWW.usd480.net/nurse.**

Medications: Will this student need medication at school? No _____ Yes _____
_____ Daily use: Name/Dose _____
_____ Occasional Use: Name/Dose _____

**Please check if student currently has or has history of the following conditions.
Give additional information for all areas checked.**

Current	History	Condition	Additional Information
_____	_____	Drug Allergy	Drug/Reaction _____
_____	_____	Food Allergy	Food/Reaction _____
_____	_____	Environmental Allergy	Cause/Reaction _____
		(Such as insect or seasonal allergies)	
_____	_____	Other Allergy	_____
_____	_____	Asthma/Breathing**	_____ Inhaler: No ___ Yes ___
_____	_____	ADD/ADHD	_____
_____	_____	Developmental/Birth Defect	_____
_____	_____	Diabetes**	Type: _____ Medication: _____
_____	_____	Emotional Concerns**	_____
_____	_____	Headaches**	Receiving medical care? No ___ Yes ___
_____	_____	Hearing Concerns	_____
_____	_____	Heart Disease/Concerns	_____
_____	_____	Joint/Muscle/Scoliosis	_____
_____	_____	Seizure Disorder**	Type _____ How Often _____
_____	_____	Skin Condition	_____
_____	_____	Vision Concerns	_____
_____	_____	Diet or Activity Restrictions	_____
		(Must have documentation from primary care provider)	
_____	_____	Other Concerns	_____

By signing this form you are allowing this information to be shared with teachers/staff as needed. You also give consent for immunization information to be released to the Kansas Immunization Program for purposes of assessment and reporting to prevent disease.

Parent/Guardian Signature: _____