LOWVILLE ACADEMY and CENTRAL SCHOOL
Health History Card

Student Name:	DOB:	Age:	Grade:
Parent/Guardian Name:	Emergency Contact Name:		
Parent/Guardian Phone:	Emergency Contact Phone:		
Primary Healthcare Provider:	Healthcare Provider Phone:		

Has your child ever:	**YES**	**NO**	**If Yes, please explain and include date:**
Had allergies:	☐	☐	☐food ☐environmental ☐insect ☐medication ☐other
List Allergies/Reactions:			
Had an operation	☐	☐	
Had an injury requiring an Emergency Room visit	☐	☐	
Passed out, had a concussion or serious head injury	☐	☐	
Had a vision problem or condition	☐	☐	☐ glasses ☐ contacts
Had a hearing problem or condition	☐	☐	☐ hearing aid ☐ cochlear implant

ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	☐	☐	☐crutches ☐walker ☐wheelchair ☐other:
TREATMENTS	**YES**	**NO**	
During or outside of school	☐	☐	☐insulin/blood glucose monitoring ☐peak flow monitoring ☐special diet

CHECK ALL THAT APPLY TO YOUR CHILD (please explain details if needed on lines at bottom of page):

☐ ADHD	☐ High Blood Pressure	☐ Scoliosis
☐ Asthma	☐ High Cholesterol	☐ Seizure Condition
☐ Autism	☐ Irregular Heart Rhythm	☐ Single Organ (☐kidney, ☐testicle)
☐ Diabetes	Mental Health Conditions:	☐ Other: _____
☐ GI Conditions (ulcer, reflux, IBS)	☐ Anxiety ☐ Depression ☐ OCD ☐ODD	☐ Other: _____
☐ Headaches/migraines	☐ Other: _____	☐ Other: _____

Please list <u>ALL</u> medications taken at home and needed at school. A school order is needed for any medications to be taken at school or during any school sponsored activity including sports and field trips.

Medication Name i.e. (Tylenol, Albuterol, Epipen)	Dose (mg, units)	Frequency (Times taken)	Purpose (Asthma, etc.)	Required during school hours:	School Order provided to Nurse:
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No
				☐ Yes ☐ No	☐ Yes ☐ No

<u>Please list any additional concerns below and update the school nurse with changes throughout the year!</u>

_____

_____

_____

_____

Parent/Guardian Signature: _____ Date: _____