



Unified School District #210

304 East 6th St. Hugoton, KS 67951

620-544-4376

School Health Office 2018-2019 School Year

Health History Form (This will be filed confidentially in the Nurse's office for the Nurse to review and Emergency Medical Staff if needed)

Name: _____ School: _____ Grade: _____ Date of Birth: _____

Parent/Guardian: _____ Phone Number: _____

Parent/Guardian: _____ Phone Number: _____

List all medications or vitamins taken by your child:

List any allergies your child has:

Please check any medical condition your child has now or has had in the past:

- | | | |
|--|---|---|
| <input type="checkbox"/> ADHD/ADD | <input type="checkbox"/> Depression | <input type="checkbox"/> Serious Injury |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Seizures |
| <input type="checkbox"/> Birth defects | <input type="checkbox"/> Headaches | <input type="checkbox"/> Stomach problems |
| <input type="checkbox"/> Hearing difficulties | <input type="checkbox"/> Bone/joint problems | <input type="checkbox"/> High Blood Pressure |
| <input type="checkbox"/> Rheumatic Fever | <input type="checkbox"/> Anxiety | <input type="checkbox"/> Surgical History |
| <input type="checkbox"/> Sickle cell anemia | <input type="checkbox"/> Vision difficulties | <input type="checkbox"/> Anemia |
| <input type="checkbox"/> Skin problems | <input type="checkbox"/> Heart defects | <input type="checkbox"/> Constipation |
| <input type="checkbox"/> Ear infections | <input type="checkbox"/> Urinating problems | <input type="checkbox"/> Leg Pain |

Please explain checked medical conditions or anything more about this child's health that you think is important for us to know:

Parent/Guardian

Signature _____ Date _____