

## Health History Questionnaire

Dear Parent/Guardian:

In an effort to provide care for your child while they are at school, we are requesting an update on your child's health status. Please complete this form in cooperation with your child's health care provider. This form is only valid for the current school year.

### Student's

Name \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

### MEDICAL HISTORY:

Please indicate any medical condition/diagnosis:

\_\_\_\_\_

Explain child's medical history:

\_\_\_\_\_

\_\_\_\_\_

Any medical treatments? \_\_\_\_\_

List any medications your child is taking:

\_\_\_\_\_

List any special instructions or restrictions:

\_\_\_\_\_

### EMERGENCY PHONE NUMBERS:

Parent/Guardian name: \_\_\_\_\_ Home #: \_\_\_\_\_ cell #: \_\_\_\_\_

work #: \_\_\_\_\_ Preferred hospital \_\_\_\_\_

MD name and number \_\_\_\_\_

I understand that this information will only be shared with appropriate staff members on a need to know basis. Parent/guardian gives permission for the school nurse to communicate directly with the child's physician.

Parent/Guardian signature \_\_\_\_\_ Date: \_\_\_\_\_

Thank you,

Carisa Sulkowski, MSN, RN  
School Nurse

***Please return the completed form to the Health Office, even if there are no changes to your child's medical history.***

