

Immunizations up to date_____

HEALTH HISTORY

Student's name_____Grade_____Teacher_____

Please identify any health conditions or concerns. Please give dates and a brief description below of any of the following concerns as well as other health related issues regarding your child.

___Allergies (Environmental, Medication, Food, Insect or Bee sting)

___Asthma or Respiratory Problems

___Attention Deficit Disorder (ADD, ADHD)

___Blood Disorder

___Diabetes/AN

___Frequent colds, headaches or sore throats

___Heart Disease/High Blood Pressure

___Kidney Disorder

___Mental Health Issues

___Neurological Disorder/Seizures

___Orthopedic Disorder/Spinal Concerns

___Varicella/Chicken Pox (mo/day/yr)

___Vision or Hearing Loss/Correction Prescribed

During the past year, has your child had any of the following:

Allergic reaction? _____

Head injury? _____

Broken bones? _____

Surgery? _____

Does your child take any daily medication?

Name and reason for medication: _____

Name and reason for medication: _____

If your child will need to take medication during school hours, please discuss this with the nurse in order to provide the best plan of care. Is there any reason your child should not participate in physical education activities? If yes, please provide any explanation and letter from your child's health care provider. Has your child had any significant weight change? _____

Gained_____Lost_____pounds

Granger ISD has my permission to share this information with staff members as is necessary in order to provide the best care for my child. I will keep the nurse's office updated concerning any changes in my child's health throughout the year.

Signature of Parent/Guardian_____Date:_____