

Student Health History

Dear Parent:

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school office by **August 18th**.

The Colorado school immunizations law requires current immunizations for all school students. Please provide your child's shot records to the school office if you have not already done so. Thank you.

Student Name: _____ Grade _____ Birth Date: _____

Address: _____ Home/Cell Phone: _____

Father's Name: _____ Mother's Name: _____

Father's Work Phone: _____ Mother's Work Phone: _____

1. How is health care insurance provided for this student? Private Insurance CHP+

Medicaid None Other(explain): _____

2. Family Physician: _____ Town: _____ Phone: _____

3. Family Dentist: _____ Town: _____ Phone: _____

4. Does your child have a health problem? (check all that apply)

Asthma Diabetes Allergies Anemia ADD Hearing Vision

Seizures Epilepsy Dental Heart Ear Infections Tubes in Ears

Injury Other (explain) _____

5. Does your child take medication: Yes No

Name of medications (s) and dosages: _____

6. Does your child have any allergies (to food or medication) Yes No

Explain if you answered yes: _____

7. Does your child require any restrictions in activity? Yes No

Explain if you answered yes: _____

8. Is your child currently under medical care? Yes No

Explain if you answered yes: _____

9. Has your child received any immunizations within the past 12 months? Yes No

I attest that the information above regarding my child is true and accurate to the best of my knowledge. I understand that this health information will be shared with school staff members who may need it for the benefit of my child at any time during the school year.

Signed by Parent/Guardian: _____ Date: _____

Reviewed by School Nurse: _____ Date: _____