

Tri-Valley School District 49-6 Student Health Form

Student Name _____ Birthdate _____ Homeroom _____

Legal Guardian's Names _____

Health Screenings – I give permission for this student to participate in health screenings such as vision, hearing & scoliosis during the school year. YES _____ NO _____

Health History – Please place a check mark by any health problems this student has experienced. List all medications currently being taken by the student, both during school **AND** at home. Comment on any treatment that may be required at school.

	Name of medication & dose, treatments or comments:
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Cardiac	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Seizure disorder, epilepsy	_____
<input type="checkbox"/> Orthopedic	_____
<input type="checkbox"/> ADD/ADHD	_____
<input type="checkbox"/> Mental, behavioral, emotional health	_____
<input type="checkbox"/> Stomach, reflux, ulcers	_____
<input type="checkbox"/> Bladder, bowel	_____
<input type="checkbox"/> Skin	_____
<input type="checkbox"/> Headaches	_____
<input type="checkbox"/> Vision – glasses or contacts (please circle if worn)	_____
<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Allergies – please list symptoms that occur & treatment that is required for each allergy listed	
<input type="checkbox"/> Food Allergy (specify what food)	_____
<input type="checkbox"/> Medication	_____
<input type="checkbox"/> Insect Stings	_____
<input type="checkbox"/> Seasonal allergies	_____
<input type="checkbox"/> No known allergies	
<input type="checkbox"/> No known health problems	

Primary Physician – name, phone number & address for physician seen most often _____

Contact Phone Numbers – please list the best numbers to reach you by in case of an emergency

Mother/Guardian – Work _____ Cell _____ Home _____

Father/Guardian – Work _____ Cell _____ Home _____

I understand that each student at Tri-Valley should have a current health form on file & that the information of this sheet will be treated as **CONFIDENTIAL** information. I will update the school nurse with any changes throughout the school year.

Legal Guardian's Signature _____ Date _____