MONTROSE & OLATHE SCHOOLS

Health History 2016-17

MUST BE COMPLETED BY PARENT/GUARDIAN EACH SCHOOL YEAR

Student: _____ _____ _____

Legal Last Name, Legal First Name Date of Birth

Gender: ☐ Male ☐ Female **School:** _____ **Grade:** _____

Physician	**Physician Phone**	**Specialist**	**Specialist Phone**

Student Health Conditions *Please fill in the information below if your child has been diagnosed and treated for any of the following conditions:*

☐ YES, my child receives regular medical/health care for the following conditions: ☐ NO Medical Conditions

☐ Allergies: Please list triggers and symptoms: _____

☐ Asthma	☐ Cerebral Palsy/Neuromuscular Disorder	☐ Seizure Disorder Date of last seizure: _____
☐ ADD / ☐ ADHD	☐ Diabetes - Type: _____	☐ Skin Condition(s)
☐ Autism: level of functioning _____	☐ Depression/Anxiety/Bi-Polar	☐ Traumatic Brain Injury/Concussion/Head Trauma
☐ Behavior Concerns	☐ Other Mental Health Concerns	☐ Vision Problems: ☐ Glasses ☐ Contacts
☐ Birth/Congenital Malformations	☐ Headaches	☐ Ear Problem/Hearing Difficulty: ☐ Hearing Aid(s)
☐ Bone/Muscle/Joint Problems	☐ Heart Problems	☐ Assistive Devices: ☐ Walker ☐ Wheel Chair ☐ Leg Brace(s)
☐ Blood Disorders	☐ Juvenile Arthritis	☐ Other _____
☐ Bowel/Bladder Problems	☐ Migraines	☐ Other _____
☐ Cancer/Leukemia		

If any of the above conditions need attention at school, please provide further details: _____

Please list any medications taken at home:

Medication	Dosage	Frequency	Reason for taking medication

Please list any medications to be taken at school:

Medication	Dosage	Frequency	Reason for taking medication

Medications given at school **MUST** be accompanied by a signed physician order, signed parental permission, and **MUST** be in the original **labeled** container (Forms are available in the school Health Office).

The above information is considered confidential and is shared on a "need to know" basis between our Registered Nurses (District/School Nurses) and School Staff who will be in contact with and responsible for your child during the school day.

The Health offices at Montrose and Olathe Schools are staffed by Health Technicians who are under the supervision of our Registered Nurses and **provide basic first aid to students as necessary**.

_____ _____

Parent/Guardian Signature Date