SAUGERTIES CENTRAL SCHOOLS

**Health Information for Students Entering K-12**

_____

Date

Student Name: _____ Date of Birth: _____

Place of Birth: _____ Home Phone: _____

Parent/Guardian Name: _____Emergency Phone: _____

CHILD'S HEALTH HISTORY

**Please check YES or NO to indicate if child has had any of the following conditions. If YES, please provide the requested information.**

| | | | |
|---|---|---|---|
| Chicken Pox | _____ No | _____ Yes | Date(s):_____ |
| Rubella (German Measles) | _____ No | _____ Yes | Date(s):_____ |
| Hepatitis | _____ No | _____ Yes | Date(s):_____ |
| Mononucleosis | _____ No | _____ Yes | Date(s):_____ |
| Mumps | _____ No | _____ Yes | Date(s):_____ |
| Pneumonia | _____ No | _____ Yes | Date(s):_____ |
| Rheumatic Fever | _____ No | _____ Yes | Date(s):_____ |
| Scarlet Fever/Strep Throat | _____ No | _____ Yes | Date(s):_____ |
| High Fever: | _____ No | _____ Yes | Date(s):_____ |
| Convulsions, Seizures, or Spells | _____ No | _____ Yes | Date(s):_____ |

**When noting medications, please list ALL medications the student takes, at home or in school. <u>Please see the District's Prescriptive Medication Policy to give permission for medications to be administered in school.</u>**

| | | Medication | Dose | Times |
|---|---|---|---|---|
| Asthma | ___ N ___ Y | _____ | _____ | _____ |
| Allergies to: | ___ N ___ Y | _____ | _____ | _____ |
| Medication | ___ N ___ Y | _____ | _____ | _____ |
| Food | ___ N ___ Y | _____ | _____ | _____ |
| Insects | ___ N ___ Y | _____ | _____ | _____ |
| Other (Please specify) | ___ N ___ Y | | | |
| _____ | | _____ | _____ | _____ |
| Diabetes | ___ N ___ Y | _____ | _____ | _____ |
| Nosebleeds | ___ N ___ Y | _____ | _____ | _____ |
| Tuberculosis or Contact with TB | ___ N ___ Y | _____ | _____ | _____ |
| Heart Condition | ___ N ___ Y | _____ | _____ | _____ |
| | | Reason | Dose | Times |
| Other Medications (Please Specify) | ___ N ___ Y | | | |
| _____ | | _____ | _____ | _____ |
| _____ | | _____ | _____ | _____ |
| _____ | | _____ | _____ | _____ |
| _____ | | _____ | _____ | _____ |

Student Name
_____ ,_____

SAUGERTIES CENTRAL SCHOOLS

**Health Information for Students Entering K-12**

**Please check YES or NO to indicate if child has had any of the following illnesses. If YES, please provide the requested information.**

| | | | |
|---|---|---|---|
| Visual Problems | _____ No | _____ Yes | Specialist: |
| Wears Glasses | _____ No | _____ Yes | _____ |
| Hearing Problem | _____ No | _____ Yes | Specialist: |
| Hearing Aid | _____ No | _____ Yes | _____ |
| Ear/Nose/Throat Condition | _____ No | _____ Yes | Specialist: |
| | | | _____ |
| Is the child toilet trained? | _____ No | _____ Yes | |
| Does the child wet the bed? | _____ No | _____ Yes | |
| Has the child had any operations? | _____ No | _____ Yes | Type and dates: _____ |
| | | | _____ |
| Has the child been hospitalized? | _____ No | _____ Yes | Reason and dates: _____ |
| | | | _____ |

**Please answer the following questions. Write "none" if the question does not apply.**

Please list physical deformities or disabilities:

_____
_____
_____
_____
_____
_____
_____

Other diseases or conditions (Please describe):

_____
_____
_____
_____
_____

Student Name

_____ ,_____

SAUGERTIES CENTRAL SCHOOLS

**Health Information for Students Entering K-12**

Please list any accidents or injuries the child has had:

_____
_____
_____
_____
_____
_____
_____

Is there anything else concerning the health, behavior, or development of this child that the school should know in order to make special provisions? Please describe.

_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____
_____

_____
Parent Signature

_____
Date