STUDENT HEALTH HISTORY **Onsted Community Schools**

				M□ F□
Student's Last Name	First	Middle	Birth date	Grade
Doctor:	Phone #	Dentist:		Phone #
	HEALTH INFORM	ATION AROUT V	OUR CHILD	
→ → □ NO KNOWN HEALTH PROBLEMS				
>>>>> \[\text{ADHD}:	Requires medication? Yes \square No \square Name of medication Given at school? Yes \square No \square MD's name/phone			
☐ *Allergic reactions: (Severe)	To what? Breathing difficulty? Yes □ No MD's Name/Phone:	□ has	epipen? Yes □ No	/rash? Yes □ No □
□ *Asthma:	Requires medication/inhaler? Yes \square No \square Daily? \square As Needed? \square With exercise? \square Name of medication given at school? Yes \square No \square			
☐ Bleeding Disorder:	Type of Disorder?			
☐ *Diabetes:	Type I Type II Medications? Oral Injection Given at school? Yes No Pump? Name of medication MD's name/phone:			
☐ Ear Problems:	Frequent infections? Past \square Present \square Permanent hearing loss? \square Date of last exam?			
☐ Heart problems:	Diagnosis: MD's name/phone: Medications? Yes □ No □ At Home? □ At School? □ Physical restrictions? Yes □ No □			
☐ Hospitalization:	Explain:			
☐ Mental Health:	Anxiety? □ Depression? □ other conditions:			
☐ PTSD (Post Trauma	tic Stress Disorder): Requires medi	cation? Yes □ No □	Name of medication	on
□ *Seizure Disorder:	Given at school? Yes \(\simeq \) No \(\simeq \) M Date of last seizure Name of medication	Requires medication	on? Yes No	
☐ Taking medication for other reasons:	For what condition? Dose & frequency Given at school? Yes \(\Delta \) No \(\Delta \) MD's name/phone:			
☐ Vision problems:	Wears glasses? ☐ Contacts? ☐	Reading only? □ All	the time? Date	e of last exam:
Please list other importa	nt health or behavior information: _			
Parent's Name & Phone:	Date:			
Parent's Name & Phone:				
Emergency Contact's Nan	ne & Phone:Bixby			

Allegiance

^{**}Students taking medication at school need medication in original container with written permission from the physician and parent or legal guardian. This form must be on file with the school before medication can be given.