# STUDENT MEDICAL HISTORY 2019-2020

**This Information will be given to the nurse only**

**This form must be completed annually**

Name: _____ Nickname: _____

Date of Birth: _____ Grade: _____

Parents/guardians name & phone #_____

_____

Doctor's name and phone #_____

## Check Any That Apply (present and/or past): Please explain below in space provided.

| | | | | | | | |
|---|---|---|---|---|---|---|---|
| Allergy to insects (Explain below) | | Allergy to Food (Explain below) | | Allergy to Pollen, Dust, Mold, etc. (Explain below) | | Surgical history (Explain below) | |
| Cancer | | Heart disease/irreg heart rhythm | | Diabetes | | High/Low BP | High Low |
| Eczema | | Learning disability | | Seizure disorder | | ADD/ADHD | |
| Eating Disorder (Explain below) | | Vision problems Glasses / Contacts | | Hearing issues / Hearing aids | Right Left | Psychological problems | |
| Fainting | | Headache/Migraine | | Bleeding disorder | | Behavior problems | |
| Depression | | Suicidal thoughts | | Speech problems | | Anxiety | |
| Birth defect | | Blood disorder | | Cerebral Palsy | | Chronic Pain | |
| Asthma/Lung problems | | Chicken pox (year: _____) | | | | | |

## Explanations to any checked condition:

*Allergies*

1. Food allergy: Food_____

If yes, what type of reaction and treatment

_____

_____

*If reaction is severe and requires medication, please see nurse for severe food allergy questionnaire and action plan.

Please complete reverse side

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2. Medication allergy _____

Reaction _____

3. Insect allergy _____

Reaction _____

Surgical History

_____

_____

Explanation of above conditions or other concerns

_____

_____

_____

List medications student is taking_____

_____

_____

* SCA policy requires written permission from a parent/guardian before any medication, prescription or over-the-counter, may be given at school. An Authorization to Dispense Medication Form is available on our website and in the nurse's office. All medication must be in the original container. It will only be dispensed according to package directions unless otherwise specified by a doctor.

**First-aid is administered according to our Elementary & Secondary Handbook.