

WATKINS GLEN CENTRAL SCHOOL
Student Health History Form

Dear Parent:

We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school nurse.

THIS FORM SHOULD BE FILLED OUT FOR ANY NEW ENTRANTS TO WGCSD

Student's name: _____ Sex _____ Birthdate _____
Last First Middle

Physician: _____ Dentist: _____
Name / Date of Last Visit Name / Date of Last Visit

STUDENT HISTORY

Does your child have/had any of the following conditions? (Please check box and explain - use back of form if necessary.)

Allergies: foods: _____
 bee stings
 other: _____
Requires Epi-pen? Yes No
Requires antihistamine? Yes No
Regularly taking medication: Yes No
Drug name _____
Is medication required in school? Yes No

Respiratory asthma
Difficulties: bronchitis/pneumonia
Requires inhaler? Yes No

Is child toilet trained: Yes No

Accidents: serious head injury
 other: _____

Eye Difficulties: lazy eye
 glasses or contacts
 surgery

Ear Problems: ear infections
 tubes
 hearing loss

Kidney/Bladder kidney disease
Difficulties: bladder infection
 enuresis (bedwetting)
 encopresis (fecal soiling)

Heart heart murmur
Condition: congenital heart disease

Musculoskeletal fractures
Orthopedic adaptive equipment
Conditions: right handed
 left handed

Diabetes: _____

Speech Defect: _____

Emotional Problems: _____

Seizure Disorder: _____

Hospitalizations: _____

Operations: _____

Skin Conditions: _____

Mono: _____

Tuberculosis TB contact: _____

Hepatitis: _____

Thyroid Disease: _____

Would you like to speak with the school nurse regarding any concerns for your child? Yes No

OTHER INFORMATION

Who else lives in your child's home? _____

Is student accustomed to being away from home? Yes No

Pre-school experience: Where: _____ Days per wk: _____ No. of years: _____

Early intervention services? _____

Information that you feel will help your child with his/her adjustment to school _____

Your name/today's date: _____ Signature: _____