

BELMONT PUBLIC SCHOOLS

STUDENT HEALTH HISTORY

Dear Parents:

We would like your child to gain the most from his/her school experience. Please fill out this brief health history form on your child. This information will help the school nurse to better understand your child and assist in the transition into school life. Please complete this form and return it with a copy of your child's most recent physical exam and vaccinations.

Student Name _____ BirthDate _____

1. Please list your child's pediatrician: _____

Dentist: _____

2. Does your child have any of the following conditions?

Asthma _____

Allergies _____

Diabetes _____

ADD/ADHD _____

Seizure Disorders _____

Bleeding disorder _____

Heart Disease _____

If you have checked any of the above, please explain: _____

3. Does your child have any other medical conditions? _____

4. Will your child need any medication during the school day? If so, please list.

5. Does your child take medication routinely at home? If so, please list.

6. Has your child ever been hospitalized? _____ If so, please explain: _____

7. Has your child ever had surgery? _____ Date of surgery: _____

Reason for surgery: _____

8. Do you have concerns about your child's vision or hearing? _____

9. Do you have other children that have been diagnosed with a chronic illness?

10. Is there anything you would like us to know about your child's mental or physical health?

11. Would you like information about Mass-Health? This is a provider of free or low cost health insurance.

Parent/Guardian Signature _____

Date _____

If your child has a chronic health condition that will require further conversation, please call the school nurse to schedule a meeting.