Pershing County School District
Lovelock, NV

# Health Information Form

**Child's Name_____ Child's Birthdate_____ Age_____ Grade_____**

**Who is filling out this form?**

☐ Mother ☐ Father Your Name_____

☐ Other (please explain relationship to child)_____

*Please note: Information about your student's health may be shared with other school staff that need to know in order to keep your child safe. They are told to keep this information private. If there is health information you would like not to be shared, please contact the school nurse.*

## MEDICAL HISTORY

1. Has your child ever been a **patient in a hospital** (other than a few days after birth)?

☐ No (If no, go to question #2.)

☐ Yes (If yes, explain why and when below.)

| **My child was in the hospital because:** | **When** |
|---|---|
| Example: Bike accident-concussion | 5 years old |
| | |
| | |
| | |

2. Is your child taking any **prescription medicines**?

☐ Yes - Please list the child's medicines below

Do they have an **inhaler or breathing treatments**? ☐ Yes ☐ No. Please include in list below

Do they have an **Epi-Pen or Auvi-Q?** ☐ Yes ☐ No If yes, consider bringing one in to have at school.

☐ No. My child does not take any prescription medicines. (If no, go to question #3)

| **Name of medicine** | **Amount or size of pill** | **How many pills or doses does your child take at** |
|---|---|---|
| Example: Singulair | 5mg | ___morning ____noon ___dinner ___bed |
| | | ___morning ____noon ___dinner ___bed |
| | | ___morning ____noon ___dinner ___bed |
| | | ___morning ____noon ___dinner ___bed |

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3. What **over-the-counter medicines** does your child take **on a regular basis**?

☐ Vitamins

☐ Herbal medicine (please list) _____

☐ Other medicines such as Claritin, Tylenol or hydrocortisone cream? (please list)_____

_____

☐ **None**, my child does not take any over-the-counter medicines regularly.

*Please turn page over*

4. Has your child had an **allergic reaction** to any of the following? *(Examples given in parentheses)*

☐ Outside or Indoor allergens (*grass, pollen, dust …*) **Mark all that apply and fill in details below.**
☐ Food (*peanuts, milk, wheat …)*
☐ Insects or Animals (*bees, wasps, cats…)*
☐ Medicine or shots (*immunization, amoxicillin…*)

☐ **No**, my child has no allergies that I know of.

| **My child is allergic to:** | **What happens when your child has a reaction?** |
|---|---|
| | |
| | |
| | |

5. Has your child had any medical problems or injuries *(such as the examples given in parentheses)***?**
**Please provide more detail as needed in the space provided at the end.**

| | |
|---|---|
| **Chicken Pox** At what age? | ☐Yes ☐ No |
| **Surgery** | ☐Yes ☐ No |
| **Head Injury or Concussion** | ☐Yes ☐ No |
| **Ear** problems *(frequent ear infections, ear tubes)* | ☐Yes ☐ No |
| **Nose** problems *(sinus infections, nose bleeds)* | ☐Yes ☐ No |
| **Eye** problems *(blurry vision, lazy eye)* | ☐Yes ☐ No |
| ----Should **wear glasses** for ☐ far away ☐ reading ☐ full time ☐ has contacts | |
| **Hearing** problems *(has trouble sometimes, wears hearing aid)* | ☐Yes ☐ No |
| **Mouth or throat** problems *(Strep throat, swallowing problems)* | ☐Yes ☐ No |
| **Stomach** problems *(unexplained nausea, constipation)* | ☐Yes ☐ No |
| Problems **peeing** *(bed wetting, pain when peeing)* | ☐Yes ☐ No |
| **Back** problems *(crooked back, back pain)* | ☐Yes ☐ No |
| **Muscle and bone** problems *(weak muscles, pain in joints)* | ☐Yes ☐ No |
| **Skin** problems *(flaking skin, rashes, hives)* | ☐Yes ☐ No |
| **Seizures** *(shaking fits or convulsions)* | ☐Yes ☐ No |
| **Attention** problems *(unable to sitting still, ADHD diagnosis)* | ☐Yes ☐ No |
| **Breathing** problems *(cough, asthma)* | ☐Yes ☐ No |
| **Heart** problems *(fast or irregular heartbeat, murmur, defect)* | ☐Yes ☐ No |
| **Feelings and Emotions** *(depression, anxiety, fears)* | ☐Yes ☐ No |
| **Others:** | |

Did you answer ☒**Yes** for any problems above? **Please include details here: _____**

_____

_____

_____ _____

Signature of person filling out form Date filled out