

Newark Community High School Student Health History

To be Completed by a Parent or Guardian

Student Name: _____ School Year: _____ Grade: _____

Date of Birth: _____ Doctor's Name: _____ Phone: _____ Hospital Preference: _____

Parent/Guardian Name: _____ Phone: _____

To better care for our students, please inform us of any health issues which may affect your child while at school. Please include any important medical information, including medications your child is currently taking.

Medical History - Have you been diagnosed or treated for:								
	YES	NO		YES	NO		YES	
ADD/ADHD			Eye Problems			Allergy:		Type of Reaction
Anemia			Head Injury (Concussions)			Codeine		
Anxiety/Panic Disorder			Heart Disease			Penicillin		
Asthma			Hepatitis			Insect Bites/Stings		
Bleeding Disorder			Kidney/Bladder/Urine Infections			Latex		
Depression			Mental Health Illness			Seasonal		
Diabetes			Migraine Headaches			Other:		
Dizziness/Fainting			Menstrual Disorder			Surgery:	Date:	
Ear, Nose or Throat Disorder			Mononucleosis			Appendectomy		
Eating Disorder			Orthopedic/Back Bone Problems			Tonsillectomy		
Epilepsy/Seizures			Physical Limitations			Other		

✚ If you have checked "Yes" to any of the above, please explain here: _____

✚ My child does not have any health issues or concerns at this time. _____ please initial

✚ My child wears glasses. Yes No (please circle)

✚ Please include other information or concerns the administration should be made aware of: _____

✚ Current medications, both prescription and over-the-counter; include medication name, dosage, frequency, side effects: _____

This form is confidential and will be kept in your child's health records. The information will assist the school administration in caring for your child, in case of emergency. Your signature below gives permission for school health personnel to share information about your child with teaching staff who may need to know for the safety and care of your child. Please contact the school nurse if you wish to discuss anything pertaining to the health of your child.

Parent/Guardian Signature: _____ Date: _____