

Tri-Valley School District 49-6 Student Health Form

Student Name _____ Birthdate _____ Homeroom _____

Legal Guardian's Names _____

Health Screenings – I give permission for this student to participate in health screenings such as vision, hearing & scoliosis during the school year. YES _____ NO _____

Health History – Please place a check mark by any health problems this student has experienced. List all medications currently being taken by the student, both during school AND at home. Comment on any treatment that may be required at school.

	Name of medication & dose, treatments or comments:
<input type="checkbox"/> Asthma	_____
<input type="checkbox"/> Cardiac	_____
<input type="checkbox"/> Diabetes	_____
<input type="checkbox"/> Seizure disorder, epilepsy	_____
<input type="checkbox"/> Orthopedic	_____
<input type="checkbox"/> ADD/ADHD	_____
<input type="checkbox"/> Mental, behavioral, emotional health	_____
<input type="checkbox"/> Stomach, reflux, ulcers	_____
<input type="checkbox"/> Bladder, bowel	_____
<input type="checkbox"/> Skin	_____
<input type="checkbox"/> Headaches	_____
<input type="checkbox"/> Vision – glasses or contacts (please circle if worn)	_____
<input type="checkbox"/> Hearing	_____
<input type="checkbox"/> Allergies – please list symptoms that occur & treatment that is required for each allergy listed	
<input type="checkbox"/> Food Allergy (specify what food)	_____
<input type="checkbox"/> Medication	_____
<input type="checkbox"/> Insect Stings	_____
<input type="checkbox"/> Seasonal allergies	_____
<input type="checkbox"/> No known allergies	_____
<input type="checkbox"/> No known health problems	

Primary Physician – name, phone number & address for physician seen most often _____

Contact Phone Numbers – please list the best numbers to reach you by in case of an emergency

Mother/Guardian – Work _____ Cell _____ Home _____

Father/Guardian – Work _____ Cell _____ Home _____

I understand that each student at Tri-Valley should have a current health form on file & that the information of this sheet will be treated as **CONFIDENTIAL** information. I will update the school nurse with any changes throughout the school year.

Legal Guardian's Signature _____ Date _____