

ANNUAL HEALTH HISTORY – Fond du Lac School District

Health Information will be shared with school staff on a need-to-know basis to ensure the safety of your child.

Student Information

Last Name First Name Date of Birth School Grade

Health Provider Information

Doctor's Name Doctor Phone # Dentist Name Dentist Phone #

Medical Information

1. Does your child take medication on a daily basis? If medications are to be given at school, please complete a Medication Authorization Form (including inhalers and over the counter medications). Completed forms should be submitted to the school's office. All medication must be provided from the home in the original container, labeled and **must** be transported to school by the parent/guardian.

AT HOME Please list medications and reason for taking below:

AT SCHOOL Please list medications and reason for taking below:

2. Does your child require special health care procedures at school? (Examples: toileting, blood sugar testing, catheterization, tube feeding, etc.)

3. **If your child's physician has diagnosed** your child with any of the conditions noted below, please check the appropriate box(es) and fill in additional requested information:

ADD/ADHD Medication

Medications:

Allergies (MUST provide symptoms)

Animals:

Food:

Bees/Insects:

Latex/Other:

Date of Last Reaction:

Typical Symptoms:

Asthma

Triggers:

Treatment:

Bleeding Disorder

Specify/Explain:

Behavioral/Mental Health

Anxiety Depression

Other/Explain:

Diabetes

Medications:

Treatment:

Ear or Hearing concerns

Hearing Aid: Right Ear Left Ear

Eye or Vision concerns

Glasses Contacts

Feeding concerns

Specify/Explain:

Heart conditions

Specify/Explain:

Migraine or severe headaches

Specify/Explain:

Seizures

Frequency:

Treatments:

Other

Specify/Explain:

Please note and include health conditions that are no longer no issue (ex: no longer has an allergy to peanuts)

I have read the information above and my child does **NOT** have any of these needs or conditions.

Parent/Guardian Signature

Date