



Health Services use only:  
Reviewed/Entered by \_\_\_\_\_

2019-2020  
**STUDENT HEALTH HISTORY**  
To be completed by parent/guardian

School \_\_\_\_\_ Grade \_\_\_\_\_ Homeroom Teacher \_\_\_\_\_

Student Name \_\_\_\_\_ Gender \_\_\_\_\_ Date of Birth \_\_\_\_\_

Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone1 \_\_\_\_\_ Phone2 \_\_\_\_\_

Guardian Name \_\_\_\_\_ Relation \_\_\_\_\_ Phone1 \_\_\_\_\_ Phone2 \_\_\_\_\_

Emergency Contact1 \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Emergency Contact2 \_\_\_\_\_ Relation \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any health concerns the nurse needs to be aware of?  No  Yes

If YES, please describe \_\_\_\_\_

**My child has been diagnosed with a Serious or Life-Threatening Health Condition (Please describe):**

- Severe Allergic Reaction \_\_\_\_\_
- Asthma \_\_\_\_\_
- Diabetes \_\_\_\_\_
- Seizure Disorder \_\_\_\_\_
- Heart Condition \_\_\_\_\_
- Chronic or recurring illness \_\_\_\_\_
- Other Serious Health Concern \_\_\_\_\_

**My child requires special procedures for their health condition:**  No  Yes (list): \_\_\_\_\_

**MEDICATIONS**

The parent/guardian (not the student) must provide and deliver all medications to the school nurse in the original or pharmacy-labeled container. Written permission is required before any medication can be given at school. Medication forms are available in your school health clinic or on the WCS Health Services website.

No  Yes **Emergency Medications needed at school (list):** \_\_\_\_\_

No  Yes **Other Medications needed at school (list):** \_\_\_\_\_

No  Yes **Medications needed at home (list):** \_\_\_\_\_

No  Yes **Medication Allergies (list):** \_\_\_\_\_

*All health information is considered confidential. Relevant health information will be shared with staff and emergency responders only as necessary to maintain and promote the student's health and safety.*

**Parent/Guardian Signature** \_\_\_\_\_ **Date** \_\_\_\_\_