



Health History Form 1
NORTH BOLIVAR CONSOLIDATED SCHOOL DISTRICT
Confidential Health Information Form
Please Print Information and use black or blue Ink
NO PENCILS PLEASE

NAME OF Student: _____

MALE: _____ FEMALE: _____ School Your Child will attend: _____

Allergies: _____

ADDRESS: _____

HOME PHONE NUMBER: _____ EMAIL: _____

DATE OF BIRTH: _____ GRADE: _____

MOTHER'S (GUARDIAN) NAME: _____ CELL #: _____

Father's (GUARDIAN) NAME: _____ CELL #: _____

Parent EMAIL Address: _____

Emergency Contact if parent is not reachable: Name and Phone Number

1. _____

2. _____

3. _____

**List any medical conditions that your child currently has and explain. Diabetes, Asthma, Seizures, Life Threatening Allergic Reactions, Heart Conditions or other medical issues that may require medical treatment at school. Be specific as possible to assist the school in meeting the medical needs of your child.

Medical Diagnoses :(Given by M.D.) _____

CHILD'S PHYSICIAN: _____

PHONE NUMBER: _____

**** **ALL Food Allergies require a doctor's note for the cafeteria****

Check All That Apply

Allergies: Require an Allergy Action Plan- Please see Nurse

_____ No Known Allergies

_____ Latex Allergies

_____ Food Allergies

_____ other Allergies (chemicals, bee sting, perfumes, etc.)

What reaction does he or she have? _____

Medication: Emergency Medication (Mark Home or School) - All require Action Plan Please see nurse!!!

Home/School

Inhaler: _____ or _____

Nebulizer: _____ or _____

Epinephrine: _____ or _____

Glucagon: _____ or _____

Diastat: _____ or _____

*****ALL Emergency Medications must be brought to school

Does student use any Medical Assistant Devices? Circle all that apply.

Walker Crutches Helmet Braces Insulin Pump

Prosthesis Contacts G- tube Glasses Hearing Aid

***In Emergency situation EMS (911) will be called, North Bolivar School District is not responsible for medical treatment given by EMS (911).

Parent's Signature: _____ Date _____