

# HEALTH AND MEDICAL HISTORY BLOOMINGTON PUBLIC SCHOOLS

<b>GENERAL INFORMATION</b>			
Child's Name		Male <input type="checkbox"/> Female <input type="checkbox"/>	Grade entered this school year
Birthdate	Address		Home Telephone
Siblings at current school? Please list.		Family Physician	School Last Attended (City & State)
Father's/Guardian's Name	Phone Number	Mother's/Guardian's name	Phone Number
Emergency Contact (other than parent)	Emergency Contact Phone Number		Relationship to child

<b>Does child have any allergies? YES NO If yes, please list below.</b>	
Medication Allergies	
Food Allergies	
Environmental Allergies	

*(Note: Any modifications to the child's diet that are to be provided by the school must be detailed on the Food Modification Form and signed by a physician. Obtain this form from the School Nurse, Secretary or School Website)*

<b>Is child taking any medication at home? (Prescription or OTC on a routine basis and/or medication taken as needed)</b>			
YES NO If yes, please list below. If more space is needed please use back side of this paper.			
Medication	Dosage	How often	Med to be taken @ school?

*(Note: For meds to be given at school, the Medication Authorization Form must be completed and signed by a physician and by a parent prior to that med being given at school. Obtain this form from the School Nurse, Secretary or School Website)*

<b>DISEASE HISTORY(Indicate if your child has had any of the following:</b>						
Disease	Yes	Year		Disease	Yes	Year
Chicken Pox				Diabetes		
Asthma						
Seizures						
Please list any surgeries or major injuries:						
Does child wear glasses, hearing aids, etc?						

Please add any other information/updates about your child's health that the school nurse should know:
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I approve all of the above information to be shared with appropriate personnel for health and educational purposes.	
Parent/Guardian signature _____	Date _____