

**OXFORD PUBLIC SCHOOLS
HEALTH HISTORY**

Dear Parent/Guardian:

In order to better care for your child at school, we ask that you complete this health history form and include as much information as possible. Please date each entry.

NAME OF STUDENT: _____ DATE OF BIRTH: _____

HISTORY OF:	YES/NO	DATE	EXPLANATION/MEDICATION/TREATMENT
Accident (Serious)	___/___	_____	_____
Allergic Reaction	___/___	_____	_____
Food/Medication	___/___	_____	_____
Inhalants (Grass/Trees)	___/___	_____	_____
Contacts (Oak, Ivy)	___/___	_____	_____
Insect Bites	___/___	_____	_____
NEED OF EIPEN	___/___	_____	_____
Asthma/Use of Inhaler	___/___	_____	_____
Constipation/Diarrhea	___/___	_____	_____
Contagious Diseases	___/___	_____	_____
(i.e. Chicken Pox, etc.)	___/___	_____	_____
Dental Problems	___/___	_____	_____
Diabetes	___/___	_____	_____
Headaches (Specify)	___/___	_____	_____
Hearing Impairment	___/___	_____	_____
Ear Infections	___/___	_____	_____
Ventilating Tubes	___/___	_____	_____
Deafness/Hearing Aide	___/___	_____	_____
Heart Condition (Specify)	___/___	_____	_____
Hernia	___/___	_____	_____
Hospitalizations	___/___	_____	_____
Orthopedic Treatment	___/___	_____	_____
Posture	___/___	_____	_____
Fractures	___/___	_____	_____
Restricted Activities	___/___	_____	_____
Seizure Disorder (Specify)	___/___	_____	_____
Surgery (Specify)	___/___	_____	_____
Skin Disorders (Rashes)	___/___	_____	_____
Visual Impairment	___/___	_____	_____
Glasses/Contacts	___/___	_____	_____
Urinary Problems	___/___	_____	_____
Weight Issues	___/___	_____	_____
Overweight	___/___	_____	_____
Underweight	___/___	_____	_____
Eating Disorder	___/___	_____	_____

DOES YOUR CHILD TAKE ANY MEDICATION EITHER ON A REGULAR OR PART TIME BASIS?

If "Yes", please explain: _____

ARE THERE ANY OTHER HEALTH CONDITIONS NOT PREVIOUSLY LISTED AT THAT ARE OF CONCERN?

If "Yes", please explain: _____

I UNDERSTAND THAT WHEN APPROPRIATE AND TO ENSURE OPTIMAL SERVICE AND CARE OF MY CHILD, THE ABOVE INFORMATION WILL BE SHARED BETWEEN THE NURSE AND THE STAFF OF THE SCHOOL BUILDING THAT MY CHILD ATTENDS.

Signature of Parent/Guardian

Date