Elementary Student Health History
Charles City Community School District

Child's Last Name _____ Child's First Name _____ Date of Birth_____/_____/_____

Does your child have any of the following, or does he/she have a history of any of the following? If yes, please explain in detail below.

Asthma	YES_____ NO _____	
Carries an Inhaler	YES_____ NO _____	
Diabetes	YES_____ NO _____	
Seizure Disorder	YES_____ NO _____	
Heart Problems	YES_____ NO _____	
ADD/ADHD	YES_____ NO _____	
Headaches	YES_____ NO _____	
Bowel/Bladder Problems	YES_____ NO _____	
Vision Concerns	YES_____ NO _____	Glasses _____ Contacts_____
Hearing Concerns	YES_____ NO _____	Hearing aid(s)_____ R or L
Dietary Concerns/Eating problems	YES_____ NO _____	
Other	YES_____ NO _____	

Health details, if you answered "yes" to any of the above.

_____

_____

Does your child have any specific allergies? YES____ NO____ Please detail type, reaction and treatment.

Allergy_____

Allergy_____

Will your child need any emergency medication for their allergy? Please list_____

If you list a food allergy you MUST provide the school with a statement from your physician stating the allergy and that the child cannot consume the food listed.

Is this child on a daily prescription medication? YES ( ) NO ( )

Medication	Dose	Time	Condition requiring medication
_____	____	____	_____
_____	____	____	_____
_____	____	____	_____

ANY medication given at school will require a medication form filled out and signed prior to school administering any medication. Please remember that children are not to transport medications to and from school.

Should your child become ill/injured at school and need immediate medical care will you grant permission to do so if we are unable to reach you? _____ YES _____ NO

In the event that your doctor's office is out of town or your doctor is not available, may we send your child to a (another) Charles City doctor: _____ YES _____ NO

Parent Signature _____ Date _____

Parents are responsible to provide a complete immunization certificate for each child upon entry into school.