Paxton Buckley Loda Unit #10

2016-17

STUDENT HEALTH HISTORY

To be completed by parent/ guardian

Name of Student_____ Date of Birth_____

☐ No ☐Yes **Glasses/Contacts**, Date of last eye evaluation:_____

☐ No ☐Yes **Hearing aids**, Date of last hearing exam:_____

Primary Physician_____

Daily Medications

Illinois state law requires written permission from a Health Care Provider and parent before any medication (**prescription or over-the-counter**) can be given at school.**All** medications must be in their **original bottle/container.** A form is available at your school office or on the Paxton Buckley Loda website *wwwpblunit10.com* under the Nurse section.

☐ No ☐Yes **Medication needed at school** (list):_____

Life Threatening Conditions (Requires Health Care Provider Orders and Individual Health Care plan for management of condition at school)

Please check all that apply:

☐ No ☐ Yes **Severe Allergic reaction to Nuts (list):**_____ ☐ No ☐ Yes **Severe Allergic reaction to Bee Stings requiring emergency medication:**_____ ☐ No ☐ Yes **Other Severe Allergies-affecting school. Specify:**_____

☐ No ☐ Yes **Severe Asthma: regularly takes medication for asthmatic condition:**

☐ No ☐ Yes **Diabetes:**_____

☐ No ☐ Yes **Seizure Disorder that requires an emergency medication:**_____

Health Concerns (potentially life threatening conditions that may require Health Care Provider orders)

Please check all that apply and explain:

☐ No ☐ Yes **Food Intolerance requiring food substitution:**_____ _____ ☐ No ☐ Yes **Heart Condition:**_____

☐ No ☐ Yes **Behavioral/Emotional Concerns:**_____

☐ No ☐ Yes **Other Health Concerns:**_____

☐ No ☐ Yes **Any Chronic or recurring illness:**_____

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

☐ No ☐Yes if yes, explain:_____

All health information is considered confidential. It may be shared with staff as needed during the time your child is enrolled in the Paxton Buckley Loda school district in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature **Date**

Reviewd _____