ST. NICHOLAS ACADEMY
STUDENT HEALTH HISTORY UPDATE

STUDENT ____ **GRADE** _______ **ROOM** _______

Please complete this form and return it to school as soon as possible. Having up-to-date health information allows better care and understanding of your child's needs if problems arise during the school day. **Check all health conditions your child may have.**

- ☐ **ADD / ADHD**
- ☐ **ALLERGIES** or reactions to: (Please explain)

Food(s) ______________________________

Medication(s) ___________________________

Plant / Animal / Environmental _______________

____

- ☐ **ASTHMA** (Identify triggers)

____

____

Has your child ever needed <u>emergency</u> treatment for asthma?

___ YES ___ NO

- ☐ **BLADDER PROBLEMS** (Please explain)

____

- ☐ **BOWEL PROBLEMS** (Please explain)

____

- ☐ **CYSTIC FIBROSIS**
- ☐ **DIABETES** Age of diagnosis ___________
- ☐ **EATING DISORDER**
- ☐ **EMOTIONAL/ BEHAVIORAL CONCERNS**
- ☐ **EYE PROBLEMS** (Please explain)

____

Wears glasses/contacts? ___ YES ___ NO

Date of last eye examination ______________

- ☐ **HEADACHES** (frequent)

Migraines? ___ YES ___NO

- ☐ **HEART CONDITION** (Please explain)

____

- ☐ **KIDNEY DISEASE** (Please explain)

____

- ☐ **MENSTRUAL PROBLEMS** (Please explain)

____

- ☐ **PHYSICAL DISABILITY** (Please explain)

____

____

- ☐ **RECENT HOSPITALIZATION/SURGERY SIGNIFICANT INJURY** (Please explain)

____

- ☐ **SICKLE CELL DISEASE** (not trait)

Date of last sickle cell crisis ______________

- ☐ **SEIZURES / EPILEPSY**

Date of last episode ____________________

- ☐ **SPINAL CURVATURE** (scoliosis, etc.)

Currently under the care of an orthopedic doctor?

___ YES ___ NO

- ☐ **TICS / NERVOUS TWITCHES**
- ☐ Other ______________________________

My child takes the following <u>daily</u> medication(s) ____

My child takes the following medication(s) <u>occasionally</u> ____

Please identify any other health information not listed above that you believe school personnel need to be aware of____________

____

☐ **NONE OF THE ABOVE APPLIES TO MY CHILD.**

This information may be shared with school personnel if it is pertinent to health and safety, educational progress and/or behavioral management plan.

Parent/Guardian Signature____ **Date** __________________