Student Health History Information

Your child can receive the best care at school when the school nurse has a complete health history. Please complete the form below and return to the school nurse by the student's first day of school. If you have any questions, please contact the nurse at your child's school.

Student's Name	Birth date	Grade
Illnesses, injuries or health care problems during this p	past summer:	
Important health information regarding allergies, chromust be accompanied by a medication authorization f		
Any medical treatments/procedures your child will be	receiving at school (requires a doc	tor's order):
I consent to the above health information may be sh health problem exists during the school day.	ared with school staff that can ass	ist my child if a
Parent/Guardian Signature		 Date