

MSAD #75
Health Questionnaire
(To be filled out by parent/guardian)

***See student handbook for the district medication policy & standing orders from the school medical advisor.**
*See school website for health forms or call your school nurse.

Student's Name: _____ Grade _____ M/F ___ Date of Birth _____
Parent/Guardian _____ Phone(s) _____
Parent//Guardian _____ Phone(s) _____
Preferred Hospital (when possible) _____
Primary Physician _____ Date of Last Physical Exam _____
Dentist _____ Date of Last Dental Exam _____

Complete pertinent medical conditions:

Any condition circled below with a * must have either an emergency action plan or care plan from the student's physician completed annually. All medications must be supplied by the parents with the appropriate paperwork.

Send in necessary paperwork with this form and submit **prior to start of school year.**

*Anaphylaxis Allergy: _____

*Seizure Disorder/Epilepsy: _____

*Diabetes: _____

*Asthma: _____

*Chronic medical condition: _____

*Physical Restrictions: _____

*Mental Health/Psychological: _____

Family History of Sudden Cardiac Death or Cardiac disease in student _____

Recent Serious Illness/Injury (including head trauma/concussion) _____

List all medications; dose/frequency and time given to your child:

At Home: _____

At School : _____

Does student wear glasses **yes** ___ **no** ___ contact lenses **yes** ___ **no** ___ Date of last exam _____

Does student have history of hearing problems **yes** ___ **no** ___ Wear hearing aids **yes** ___ **no** ___

If there are family situations affecting your child, (illness, divorce, deployment, etc.) please alert the counseling department as well as the health office by calling or setting up a time to discuss.

Signature of Parent/Guardian

Date