



# Creve Coeur School District #76

## Health History

To be completed each school year by parent/guardian

Student:	Birthdate:
Grade:	Male/Female:
School Year:	Preferred Hospital:
Doctor:	Doctor's Phone

Health Concern	Please Circle	Explain/Describe
Allergies	NO YES	
**Life Threatening	NO YES	
Asthma	NO YES	
**Inhaler	NO YES	
***Where will inhaler be kept		
Blood Disorder	NO YES	
Bladder or Bowel Problems	NO YES	
Bone/Joint/Musculoskeletal Problems	NO YES	
Daily Medications		
**Names of Medications (include those taken at home) "At School medications require new District #76 Medication Authorization for EACH YEAR		
Diabetes	NO YES	
Ear/Hearing Problems	NO YES	
Eye/Vision Problems	NO YES	
Glasses/Contacts	NO YES	
Headaches		
Heart Problems	NO YES	
Hospitalizations	NO YES	
Mental Health Concerns	NO YES	
Neurological Problems	NO YES	
Physical Restrictions	NO YES	
Seizures	NO YES	
Serious Injuries	NO YES	
Surgeries	NO YES	

- It is the responsibility of the parent/guardian to contact the School Nurse with any health changes during the school year.
- Relevant health information will be shared with school personnel involved in the welfare and safety of your child during the school day.
- It is the responsibility of the parent/guardian to provide the school with written physician diagnosis and care instructions or action plan pertaining to chronic health condition(s). If no action plan is provided a generic emergency action plan will be used.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date