

GREAT NECK PUBLIC SCHOOLS

Health Services

Health History

To be completed by PARENTS/GUARDIANS of entering students

Student's Name: \_\_\_\_\_
Last First Middle

Student's Date of Birth: \_\_\_/\_\_\_/\_\_\_ Sex \_\_\_ Number of Children in Family \_\_\_ State or Country of Birth \_\_\_\_\_

Student's Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Name of School \_\_\_\_\_ Grade \_\_\_\_\_

Name of Mother or Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Name of Father or Legal Guardian \_\_\_\_\_

Home Phone \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies (i.e., insect bites, etc.): \_\_\_\_\_

Chronic, Recurring and/or Special Health Conditions

Check any that apply and explain below

Table with 3 columns: Condition, Yes/No, Explain. Rows include Arthritis, Asthma, Attention Deficit - Hyperactivity Disorder, Behavior or Developmental Problems, Cerebral Palsy, Chicken Pox, Cystic Fibrosis, Dental Problems, Diabetes, Encopresis, Daytime Enuresis, Head or spinal injury, Hearing Impairment, Heart Disease, Kidney Disease/UTI, Inflammatory Bowel Disease, Mononucleosis, Multiple Ear Infections, Neurological Disorders, Pervasive Developmental Disorder/Autism, Seizures, Sickle Cell Disease (not trait), Visual Impairment, TB/Positive PPD, Scoliosis, Illness/Injury.

Describe any family history of chronic illnesses or genetic concerns. Please list family member in relation to child (i.e. mother) and name of condition (i.e. anemia, arthritis, cancer, diabetes, heart disease, high blood pressure, kidney disease, mental illness, stroke, tuberculosis) \_\_\_\_\_

List names of medical specialists or special clinics caring for your child \_\_\_\_\_

Describe your child's operations and hospitalizations, if any (reason and date) \_\_\_\_\_

Describe any other important health-related information about your child \_\_\_\_\_

Please call if you want to discuss confidential information with school nurse or other school authority.

Signature of Parent or Legal Guardian \_\_\_\_\_ Date \_\_\_\_\_