

Student History Record

Information to be obtained from parents which will help the school to understand the child.

Has your child ever been in a special school or class because of a physical condition or health reason? _____ Yes _____ No

If yes, please explain: _____

Do you feel there are any characteristics relating to the health and personality of your child which would help the teacher and nurse to understand the child?

Please indicate if any members of the immediate family have or have had the following illnesses:

Tuberculosis _____ Diabetes _____ Rheumatic Fever _____ Epilepsy _____

Cancer _____ Mental Illness _____ Other Significant Diseases _____

Speech, hearing or visual handicaps: (Please list family members effected by the handicap and the type of handicap.)

Have the adults and teenagers had chest x-rays? _____ Yes _____ No

If yes, please list the names, relationship, and date(s) of the x-rays:

Name: _____

Relationship: _____

Date: _____

Name: _____

Relationship: _____

Date: _____

Nutrition:

Does your child eat breakfast? _____Yes _____No

Does your child eat lunch at home? _____ School_____ Elsewhere_____

How much milk does your child drink daily? _____

Please check any other beverage your child drinks daily.

Tea _____ Coffee_____ Soft Drink _____ Other_____

Please list all allergies and any special precautions and treatment indicated for these allergies:
(e.g., foods, medications, or environmental allergies)

Please list medications, food supplements, modified diets, or fluoride supplements currently being administered to the child:

Please list any chronic physical problems and any history of hospitalization:

Please list any diseases the child has had:

Please list any other information you believe would be important for the school to know.
