

# SCHOOL HEALTH HISTORY

Dear Parent,

We would like your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school Nurse.

Pupil's Name: \_\_\_\_\_ Sex \_\_\_\_\_ D.O.B \_\_\_\_\_

Address: \_\_\_\_\_ Phone \_\_\_\_\_

Mother's Name \_\_\_\_\_ Father's Name \_\_\_\_\_

Number of siblings: Brothers \_\_\_\_\_ Sisters \_\_\_\_\_ This child is number \_\_\_\_\_ in family.

1. With whom does the child live? \_\_\_\_\_

2. How is health care provided for this student? Private Health Insurance [  ]  
No Health Insurance [  ] Social Security Insurance [  ] Medicaid [  ]

3. Physician's Name , address and phone \_\_\_\_\_

4. Does your child have a history of any health problems? (Check all that apply)

Asthma \_\_\_\_\_ Allergies \_\_\_\_\_ Hearing or vision difficulties \_\_\_\_\_ Bedwetting \_\_\_\_\_ Seizures \_\_\_\_\_ Other \_\_\_\_\_

Explain: \_\_\_\_\_

5. Does your child take medication? \_\_\_\_\_ If yes, Name and reason for medication \_\_\_\_\_

*\*please note that if your child requires medication at school, all prescription medication must be accompanied by an order from a physician and a note from a parent. Please see student Handbook for details.*

6. Is there anything more about your child's health that you think is important for us to know?

\_\_\_\_\_

a. Are there any matters at home that may affect your child's learning? (ie: custody concerns, recent death etc...)

\_\_\_\_\_

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**Returning students, please skip to back of form.**

**New and Transfer students, please also fill out the following and sign consent on back of form:**

7. Is your child toilet trained? Y/N

8. Does any close relative in the family have a history of: (Check and indicate relationship to child)

Diabetes \_\_\_\_\_ Cancer \_\_\_\_\_ Epilepsy \_\_\_\_\_

Other genetical concern for child? \_\_\_\_\_

Please be advised that New Hampshire state law requires all students receive a physical exam and proper immunizations before entering school. Please make your physician's appointment early so your child may enter school on time.

For more information on these requirements, please see the handbook on our website at <http://mason.sau89.org> or the Department of Health and Human Services at <https://www.dhhs.nh.gov/programs-services/disease-prevention/immunizations>, and the New Hampshire Department of Education at <https://www.education.nh.gov/sites/g/files/ehbemt326/files/inline-documents/sonh/school-imm-22.23.pdf>

If you have any questions or concerns about this form or requirements, please feel free to call the school Nurse M-F, 9am to 3pm at (603) 878-2962 x18.

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***By signing below, I certify to the best of my knowledge that the above information is true and accurate; and for the health and safety of my child, the School Nurse may share confidential and or pertinent information about my child with the appropriate school personnel on a need to know basis. In the event of an emergency, and I cannot be reached, I give the staff of Mason Elementary School permission to call 911 to transfer my child to the hospital.***

***I prefer my child be taken to: \_\_\_\_\_ if emergency transport is needed.***

***(Please specify name of Hospital, or nearest Emergency facility will be used.)***

\_\_\_\_\_  
**Parent's Signature**

\_\_\_\_\_  
**Date**