Gladewater ISD Student Health History

Campus:	School Year:	Student Name:	DOB:
Grade:	Parent/Guardian Name:	Phone:	
Emergency Contact #1:		Phone:	
Emergency Contact # 2:		Phone:	

If your student has a special health need such as **severe allergies, **seizures**, **asthma**, **or diabete**s, an extra health form will need to be filled out and signed by a physician. Forms can be picked up from the campus nurse.

 Does your child have any known health problems that could lead to an emergency at school? 	Yes No If yes, please explain
2. Does your child have severe allergies/Epi pen?	Yes No
3. Does your child have asthma?	Yes No
4. Does your child have seizures?	Yes No
5. Does your child have diabetes?	Yes No
6. Will your child take medications at school this year?	Yes No
	If yes, what?

**Medications brought to school must be in the original container and a medication authorization form signed and returned to the campus nurse before being administered. Students are not allowed to bring medications to school in their backpack. Parent/Guardian Initials_____

(please see back for rest of health history form)

Please check any of the following health conditions for your student. If yes, add comments.

Conditions	Yes	Comments	Conditions	Yes	Comments
Allergies (food, insects, drugs, latex)			Headaches/Migraines		
Allergies (seasonal)			Head injury, concussions		
Asthma or breathing problems			Hearing problems or deafness		
ADD/ADHD			Heart problems		
Behavioral Disorder			Birth defects		
Developmental Disorder			Muscle problems		
Bladder/Kidney Problems			Seizures		
Incontinence			Sickle Cell Disease		
Bowel Problems			Speech Problems		
Cerebral Palsy			Spinal Injury/Scoliosis		
Cystic Fibrosis			History of Chickenpox		
Dental problems			Surgery		
Diabetes			Vision problems (glasses/contacts)		
Bleeding Disorder			Other		

Parent Signature:_____ Date:_____

Student health information may be shared with teachers and staff on a "need to know basis" unless otherwise indicated in writing.