



Health Data Sheet

Student Name: _____

Parent's Name: _____ Phone: _____

Address: _____

Child's Physician: _____ Phone: _____

Child's Dentist: _____ Phone: _____

Date of Last Physical Exam: _____ Please describe any health problems we should be aware of to safely transport your child. _____

Please check and give date, if possible, if child has had any of the following diseases/conditions:

Disease	Date	Disease	Date	Disease	Date	Disease	Date
ADHD		Chicken Pox		Measles		Rubella	
Anemia		Diabetes		Migraines		Scarlet Fever	
Arthritis		Ear Conditions		Mononucleosis		Scoliosis	
Asthma		Ear Tubes		Mumps		Skin Conditions	
Allergies		Epilepsy (Seizure Disorder)		Nephritis(Kidney Problems)		Speech Problems	
Blood Disorder		Head Injuries/Concussion		PKU		Tonsillitis	
Blood Transfusion		Heart Disease/Disorder		Pneumonia		Tuberculosis	
Braces/Capped Teeth		Hepatitis		Rheumatic Fever		Vision Problems	

Is your child currently under treatment for any conditions such as diabetes, asthma, seizures, allergies (bees, food, penicillin, etc.), hay fever, orthopedic conditions, (feet, posture, etc.), nervous disorders, impaired hearing, impaired vision, ADD/ADHD? If yes, please list any medications he/she may be taking: _____

Has he/she ever had Tubes placed in ears? (Date) _____ Are they in place now? _____

Has he/she ever had a Tonsillectomy? (Date) _____ Adenoidectomy? (Date) _____

Has he/she had any other operation? _____ If yes, please provide explanation and dates _____

Has he/she had any serious injury (such as head trauma, broken bones or lacerations) or illness not mentioned above? _____

If yes, please provide explanation and dates _____

Have you ever been told that he/she needs emergency treatment for insect bites or bee stings? (Explain) _____

Does your child have any physical limitations? _____

Has he/she ever visited the dentist? _____ Has he/she ever visited the eye doctor? _____

Immunizations: Please attach Immunization Record from your child's health care provider with the required immunizations.

Parent/Guardian Signature _____

Date _____