



# Shippensburg Area School District

Name: \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

## Student Health History

**Health Conditions** (Please check any that apply and provide details on the back of this form)

<input type="checkbox"/>	Asthma	<input type="checkbox"/>	Heart problems
<input type="checkbox"/>	Attention Deficit Disorder	<input type="checkbox"/>	Bleeding disorders
<input type="checkbox"/>	Birth or congenital malformation	<input type="checkbox"/>	Kidney/Bladder problems
<input type="checkbox"/>	Bone or joint deformities	<input type="checkbox"/>	Tourettes / Nervous Tics
<input type="checkbox"/>	Cerebral palsy	<input type="checkbox"/>	Peanut/Nut allergy
<input type="checkbox"/>	Cystic Fibrosis	<input type="checkbox"/>	Bee sting allergy
<input type="checkbox"/>	Diabetes	<input type="checkbox"/>	Medication allergy :
<input type="checkbox"/>	Behavioral/Mental Health Issues	<input type="checkbox"/>	Food allergy :
<input type="checkbox"/>	Epilepsy/Seizure Disorder	<input type="checkbox"/>	Other allergy:
<input type="checkbox"/>	Headaches/migraines	<input type="checkbox"/>	Other:
<input type="checkbox"/>	Hearing problems	<input type="checkbox"/>	Other:

If you checked any allergy, please describe the symptoms your child has had with the allergic reaction and Emergency measures we need to take: \_\_\_\_\_

\_\_\_\_\_

Current Medications: \_\_\_\_\_

\_\_\_\_\_

Other Health information (hospitalizations, surgeries, etc.) \_\_\_\_\_

\_\_\_\_\_

Any changes in your family status or other situations that may affect your child? \_\_\_\_\_

\_\_\_\_\_

I give permission for my child to receive Acetaminophen (Tylenol), Antacid (Tums), Diphenhydramine (Benadryl), Epinephrine (Epi Pen), Naloxone (Narcan) and/or cough drops at school, as needed, per Shippensburg Area School District Policies and Protocols.      \_\_\_ Yes      \_\_\_ No

My child (grades K-5) may receive assistance from school staff for toileting concerns.      \_\_\_ Yes      \_\_\_ No

Signature of Parent \_\_\_\_\_

Date \_\_\_\_\_