Susquehanna Valley Central School District

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: □ M □ F
Parent/Guardian: (person completing this form)	Home Phone: Cell Phone:	Date:

Has your child ever:	YES	NO	If Yes, please explain and include date:
Had an ongoing medical condition	□	□	
Seen a medical specialist	□	□	
Had allergies:	□	□	□food □environmental □insect □medication □other
Been hospitalization	□	□	
Had an operation	□	□	
Had an injury requiring an Emergency Room visit	□	□	
Missed 5 days of school in a row due to illness/injury	□	□	
Had a bone/muscle injury	□	□	
Passed out, had a concussion or serious head injury	□	□	
Had a convulsion/seizure	□	□	
Had a vision problem or condition	□	□	□ glasses □ contacts
Had a hearing problem or condition	□	□	□ hearing aid □ cochlear implant
Worn dental bridge, braces or mouthpiece	□	□	
Have any family members under the age of 50 ever:	**YES**	**NO**	**If Yes, please specify:**
Had a heart attack	□	□	
Had other serious health problems	□	□	

CHECK ALL THAT APPLY TO YOUR CHILD:

- □ ADHD
- □ Asthma/trouble breathing
- □ Autism/Asperger
- □ Dental Injuries
- □ Diabetes
- □ Ear Infections
- □ GI Conditions (ulcer, reflux, IBS)
- □ Headaches/migraines
- □ Heart Conditions
- □ High Blood Pressure
- □ Mental Health Condition (Depression, eating disorder, anxiety, OCD, ODD, etc.)
- □ Scoliosis
- □ Single Organ (□kidney, □testicle)
- □ Skin Condition
- □ Speech Condition
- □ Urinary Condition

CURRENT MEDICATIONS	YES	NO	Please list name, dose, time(s)
Given at school	□	□	
Taken at home	□	□	
ASSISTIVE EQUIPMENT	**YES**	**NO**	**Please check all that apply**
During or outside of school	□	□	□crutches □walker □wheelchair □other:
TREATMENTS	**YES**	**NO**	
During or outside of school	□	□	□insulin/blood glucose monitoring □inhaler/nebulizer/peak flow monitoring □special diet

Is there any condition that would prevent your child from participating in physical education or sports?

□ No □ Yes: _____

Please list any additional concerns: (use back of sheet if necessary) _____

_____

Susquehanna Valley
Central School District

Parent/Guardian Signature: _____ Date: _____