



**Medical History:**

The list below is designed in part to help identify those issues which may have an effect upon your child in the classroom setting and for his/her well-being in the school.

YES	NO		YES	NO	
		ADD/ADHD			Head Injury/Concussion
		Allergy to food:			Heart Disorder/Murmurs
		Allergy to medication:			Immune Disorder
		Allergy to insect bites:			Medications:
		<b>Uses EpiPen Kit*</b>			Nosebleeds (frequent)
		Asthma			Physical Limitations
		<b>Uses Inhaler*</b>			Ear or Throat Infections
		Blood Disorder			Hearing Disorder
		Bone, Joint, Muscle Disorder			Wears Hearing Aid/s
		Cancer			Visual Disorder
		Communicable Disease			Wears Glasses/Contact Lens
		Convulsions/Seizures			Recent Illness:
		Depression/Anxiety			Recent Accident:
		Diabetes			Recent Surgery:
		Dietary Restrictions			Skin Problems:
		Headaches (frequent)			Other:

**\*If your child requires the use of an EpiPen or an inhaler during the school day, you are required to produce a Doctor's Order, a Parental Consent Form (available in the Health Office) and the appropriate device (EpiPen or inhaler) to the school nurse annually.** If the student is allowed to carry the device and self-administer, the Doctor's Order and Parental Consent Form must specifically state this.

**If you have answered YES to any of the above conditions, please use the space below to add specific details of which the School Nurse should be made aware. Use the space to add anything else you feel the School Nurse should know about your child.**

By signing below, I attest that I have given complete information regarding my child's health. In addition, I give permission for the School Nurse to share pertinent information with the school staff and contact and share information with my child's physician as needed. I also give consent, in the event of serious illness or accident, for the Bishop Stang High School designee to call any emergency medical services and transport my child as necessary to the nearest medical facility.

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 Parent/Guardian Signature