

STONEHAM PUBLIC SCHOOLS
ANNUAL HEALTH HISTORY UPDATE 2018-2019

Student Name _____ Date of Birth _____ Grade _____

Date of most recent physical exam: _____

Physician's name and phone number: _____

1. Allergies - (food, insect bites, latex, medications, etc.)

None known

Allergy requiring medication in school: _____

Medication: _____

***Allergy Action Plan signed by the MD and parent must be provided along with medication**

2. Medical conditions (heart problems, seizures, diabetes, etc.)

None known

Yes Condition: _____

3. Breathing Problem/Asthma

No Yes

Inhaler required at school ***Massachusetts Asthma Action Plan signed by the MD and parent must be provided along with the medication**

4. Is your child on medication?

No

Yes Medication and reason _____

***Medication cannot be administered in school unless it is brought in by an adult. A Physician's order and parent/guardian authorization must be provided along with medication. Medication must be in a pharmacy labeled container.**

5. Glasses:

No

Yes Distance Reading Contact lenses

6. Hearing: any known loss or problems? _____

7. Insurance Co. _____

8. Any additional information you feel it is important to know? _____

In order to assure that your child is cared for appropriately, the school nurse will share information that might affect your child's safety and well-being with appropriate school staff.

PARENT'S SIGNATURE: _____ DATE: _____

It is the policy of the Stoneham Public Schools not to discriminate on the basis of sex, race, religion, national origin or handicap in its education program, activities, or employment policies as required by law.

