

STERLING SCHOOLS USD #376
Student Health Information

Student Name: _____ Birthdate: _____

Date: _____ Physician: _____ Grade: _____

Please check any health problems and/or physical conditions that pertain to your child. This information enables the school personnel to be more aware of health related concerns, and to provide more personalized health care as need arises. Information will be shared confidentially with staff.

ALLERGIES

Yes ___ No ___ Allergies
 Yes ___ No ___ Seasonal
 Yes ___ No ___ Receiving Allergy Shots
 Yes ___ No ___ Bee Stings
Comments _____

ASTHMA

Yes ___ No ___ Asthma Diagnosed by Dr. _____
Yes ___ No ___ Prescription (Name) _____
 Yes ___ No ___ Inhaler (Name) _____
Comments _____

ADD/ADHD

Yes ___ No ___ Attention Deficit Disorder
Yes ___ No ___ Attention Deficit/Hyperactivity
 Disorder
Medication _____
Comments _____

DIABETES

Yes ___ No ___ Diabetes
Yes ___ No ___ Insulin Injections
Yes ___ No ___ Diabetic Medication
Comments _____

DIGESTIVE

Yes ___ No ___ Digestive Disorder
Yes ___ No ___ Food Allergy
Diagnosed by Dr. _____
Comments _____

HYPOGLYCEMIA

Yes ___ No ___ Hypoglycemia
Diagnosed by Dr. _____
Comments _____

HEART CONDITION

Yes ___ No ___ Heart Condition
 Yes ___ No ___ Mitral Valve Prolapse
 Yes ___ No ___ Murmur
 Dr. ordered limit _____
Yes ___ No ___ High Blood Pressure
Comments _____

HEARING

Yes ___ No ___ Hearing Problems
 Yes ___ No ___ Wears Hearing Aid
 Yes ___ No ___ Frequent Ear Infections
Yes ___ No ___ Deafness Rt. ___ Lt. ___
Yes ___ No ___ Deafness Rt. ___ Lt. ___
Comments _____

ORTHOPEDIC

Yes ___ No ___ Osgood Schlatter's
 Disease
Yes ___ No ___ Scoliosis
Comments _____

SEIZURES

Yes ___ No ___
 Type _____
Yes ___ No ___ Medication (Name) _____
Comments _____

VISION

Yes ___ No ___ Vision Problems
 Glasses ___ Contacts ___
 Yes ___ No ___ Blindness Rt. ___ Lt. ___
Comments _____
OTHER Please Explain _____

OTHER ILLNESSES

Yes ___ No ___ Medication prescribed
 Medication _____
 Medication _____
Comments _____

Permission to Share Information with Staff _____

Parent/Guardian Signature