



St. John the Baptist School~
A Foundation for Success – A Foundation for Life~
 2028 Sandridge Road
 Alden, New York 14004 – 9744
 Phone (716) 937-9483 Fax (716) 937-9794

STUDENT HEALTH HISTORY UPDATE

Name:	DOB: Age: Grade:	Gender: <input type="checkbox"/> M <input type="checkbox"/> 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:			<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> 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			<input type="checkbox"/> glasses <input type="checkbox"/> contacts
Had a hearing problem or condition			<input type="checkbox"/> hearing aid <input type="checkbox"/> cochlear implant
Worn dental bridge, braces or mouthpiece			

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			
TREATMENTS	YES	NO	
During or outside of school			<input type="checkbox"/> insulin/blood glucose monitoring <input type="checkbox"/> inhaler/nebulizer/peak flow monitoring <input type="checkbox"/> special diet

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

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

Parent/Guardian Signature: _____ Date: _____