

Holy Family School Health History

Entering Grade _____ Child's birthdate _____

Previous School _____

Child's full name _____
Last First Middle

Child's address _____
Number and Street City State Zip

Father's Name _____

Father's address (if different from child's) _____

Father's phone _____
Work Home Cell

Mother's Name _____

Mother's address (if different from child's) _____

Mother's phone _____
Work Home Cell

Child lives with _____
Name Relationship

Child's legal guardian _____
Name Relationship

Please list child's siblings:

1. _____
Name Birthdate Sex
2. _____
Name Birthdate Sex
3. _____
Name Birthdate Sex
4. _____
Name Birthdate Sex

Is child presently covered by medical insurance? Yes ___ No ___

If yes, which company _____

Does child have a medical condition or learning disability that may require one of the following:

An IEP (Individual Education Plan) Yes _____ No _____

An IHP (Individualized Health Care Plan) Yes _____ No _____

Is child **presently** covered by an **IEP** – Yes _____ No ___ **IHP** – Yes ___ No ___

If yes, please describe medical condition or learning disability: _____

Did the mother have any unusual physical or emotional complications during this pregnancy?

If yes, please explain briefly. _____

How old was the mother when this child was born? _____

Was the infant born: _____ full term ___ early _____ late Birth weight _____

Did the infant experience any problems or sickness while in the nursery?

If yes, please explain briefly. _____

Developmental History

Approximate age child: _____ walked alone _____ was toilet trained _____ spoke in sentences
_____ dressed self

How does child's development compare to other children, such as his/her siblings or playmates?

_____ about the same _____ slower _____ faster

Physician: _____

Name

Location

Phone

Dentist: _____

Name

Location

Phone

Does child receive regular dental checkups? _____ Yes _____ No

Has child had his/her eyes examined by an eye doctor?

If yes, indicate eye doctor's name and location:

Name

Location

Phone

Does child wear eyeglasses?

If yes: _____ All the time

_____ Certain Times - Please explain _____

Health Conditions

Please check any of the following the child has had:

- | | | |
|-------------------------------|----------------------------------|---------------------------------|
| _____ Chicken Pox | _____ High Blood Pressure | _____ Blood Disorder |
| _____ Heart Disease | _____ Anemia | _____ Frequent Nosebleed |
| _____ Diabetes | _____ Poor Hearing | _____ Frequent Headaches |
| _____ Frequent Ear Infections | _____ Allergies/Hay Fever | _____ Asthma/Wheezing |
| _____ Frequent Sore Throats | _____ Toothaches | _____ Exposure to TB |
| _____ Eye Problems | _____ Chronic Diarrhea | _____ Chronic Constipation |
| _____ Stomach Disorder | _____ Bedwetting (night) | _____ Wetting during day |
| _____ Stool Soiling | _____ Urinary Tract Infections | _____ Arthritis |
| _____ Kidney Disease | _____ Orthopedic Handicap | _____ Abnormal Spinal Curvature |
| _____ Seizures/Epilepsy | _____ Attention Deficit Disorder | _____ Eczema |
| _____ Behavior Problems | _____ Frequent Skin Infections | |
| _____ Cancer | Type: _____ | |

Tubes in Ears: Still present _____ which ear: Left _____ Right _____

Further explanation of any checkmarks: _____

Allergies

Please list and describe allergies or reactions to the following:

Medicine/drugs _____

Foods/plants/animals/other _____

Recommended treatment if allergy is severe: _____

Injuries and Illnesses (Please list any severe injury or illness along with the age of child and if hospitalized.)

Additional Information

Please list any daily medications and why needed:

Please list any medications given frequently but not daily:

Child is usually: ____ Very Active ____ Normally Active ____ Rather Active

Do you have any concern about how your child gets along with other children?

Other comments/concerns you may have about your child's health, development, behavior, family or home life that you would like the school to be aware of.

Form Completed by: _____ Date _____

Relationship to child: _____