2015-2016 Health History Form

KANSAS CITY PUBLIC SCHOOLS

Student Name: _____

Date of Birth: ____/____/____ Grade: _____ Student ID: _____

School: _____ Age: _____ Sex: ☐ M ☐ F

Parent/Guardian Name: _____ Home Phone: _____

Cell Phone: _____ Work Phone: _____

PLEASE ATTACH a copy of current immunizations from the Physician or Clinic. Students will NOT BE PERMITTED TO ENROLL without proof of state required immunizations.

Medication:

Does your student take medications? ☐ No ☐ Yes Diagnosis/Reason _____

Medication	Dose	Time(s)

Health Information:

Physician's Name _____ Phone (____)____-____ Date of Last Visit _____

Dentist's Name _____ Phone (____)____-____ Date of Last Visit _____

Hospital Preference _____

Has your child had or does your child have any of the following illnesses or diseases?

		Age	Date			Age	Date
Chicken Pox	☐ No ☐ Yes			Mononucleosis	☐ No ☐ Yes		
Fifth's Disease	☐ No ☐ Yes			Scarlet Fever	☐ No ☐ Yes		
Hepatitis	☐ No ☐ Yes			Strep Infection	☐ No ☐ Yes		
Meningitis	☐ No ☐ Yes			Other Contagious Disease	☐ No ☐ Yes		

- Allergies (foods, medications, environment, animals, etc.) ☐ No ☐ Yes
- Asthma ☐ No ☐ Yes
- Attention Deficit/Hyperactive Disorder ☐ No ☐ Yes
- Behavior Problems ☐ No ☐ Yes
- Bladder Problems ☐ No ☐ Yes
- Bowel Problems ☐ No ☐ Yes
- Broken Bones ☐ No ☐ Yes
- Dental Problems ☐ No ☐ Yes
- Diabetes ☐ No ☐ Yes
- Frequent Ear Infections ☐ No ☐ Yes
- Head Injury/Concussion ☐ No ☐ Yes
- Hearing Problems ☐ No ☐ Yes
- Heart Problems/Murmur ☐ No ☐ Yes
- Hospitalizations (other than newborn) ☐ No ☐ Yes
- Injuries/Accidents ☐ No ☐ Yes
- Mental/Emotional Problems ☐ No ☐ Yes
- Physical Limitations ☐ No ☐ Yes
- Pneumonia ☐ No ☐ Yes
- Rash/Birthmark/Scar ☐ No ☐ Yes
- Seizure Disorder ☐ No ☐ Yes
- Speech Problems ☐ No ☐ Yes
- Surgery ☐ No ☐ Yes
- Sutures/Stitches ☐ No ☐ Yes
- Tube Feeding ☐ No ☐ Yes
- Tubes in Ears ☐ No ☐ Yes
- Vision Problems ☐ No ☐ Yes
- Wears Glasses/Contacts ☐ No ☐ Yes
- Wheel Chair ☐ No ☐ Yes

Please explain yes answers here:

_____

_____

_____

Health History & Permit Form (continued)

KANSAS CITY PUBLIC SCHOOLS

Student Concerns:

Do you have any concerns about your student's:

Vision ☐ No ☐ Yes Hearing ☐ No ☐ Yes Attention Span ☐ No ☐ Yes Emotional Development ☐ No ☐ Yes

Speech ☐ No ☐ Yes Behavior ☐ No ☐ Yes Ability to Learn ☐ No ☐ Yes Physical Development ☐ No ☐ Yes

Please explain yes answers here:

_____

_____

_____

_____

In Case of Emergency and Parent/Guardian cannot be reached:

Contact #1 Name: _____ Phone Number: _____ Relationship: _____

Contact #2 Name: _____ Phone Number: _____ Relationship: _____

Verification:

In case of illness or injury of my student, I understand the school will attempt to contact parents or guardians first. Then they will contact other persons I have listed- who are authorized to receive information, make certain medical decisions and have my student released to their custody. If none is available, the school is authorized to make whatever arrangements are deemed necessary to maintain my student's health including, but not limited to, emergency medical treatment.

I am the legal Parent/Guardian of this student. ☐ No ☐ Yes _____ Initials

If you are not the legal Parent/Guardian of this student, state your relationship to this student. _____

I verify that the information provided on this form is accurate and current.

X_____ _____ _____

SIGNATURE of Parent/Guardian/Other PRINTED Name of Parent/Guardian/Other Date