TABERNACLE TOWNSHIP SCHOOL DISTRICT
STUDENT HEALTH HISTORY

Date _____ **H/R Teacher – Grade** _____

Name _____ **DOB** _____ **Male**___ **Female**___
Last *First* *Middle*

Indicate if Student has the following:

Allergies Yes___ No____ To drugs, food, insects, pollen. Please list and state reaction:
_____
_____

Bee Stings Yes___ No____ Type of Reaction_____

Difficulty breathing after Bee-sting Yes____ No____

Need Emergency Medication Yes____ No____

Epilepsy/ Seizures Yes____ No____ Type of seizure_____

Medication _____

Asthma Yes____ No ____ Takes Medicine Yes____ No____

Type of Asthma Medication_____

Medication required at School Yes____ *Asthma Action Plan required by State Law. Please contact Nurse
No____

Diabetes Yes____ No____ Medication_____

Heart Condition Yes____ No____ Describe_____

Medication _____

Bone or Joint Problems Yes____ No____ Describe_____

Adaptive Equipment Yes____ No____ Describe_____

Circle the following health concerns that pertain to your child:

Eyes: glasses contacts reading distance

crossed lazy eye difficulty seeing other

Explain_____

Student Name _____ **Place of Birth**_____

Circle the following health concerns that pertain to your child:

Ears: hearing aid right left tubes

frequent infections hearing difficulty other

Explain:_____

Serious Illness or injuries Yes_____ No_____

_____

_____

_____

Medications: *Note- any medication to be given in school requires an order from your child's physician*

Daily medication At home Yes_____ No_____ At school Yes_____ No _____

Emergency only Yes_____ No_____

List medication and reason for taking:_____

_____

_____

Operations Yes_____ No_____

Explain:_____

_____

_____

Physical Education

Has condition that prevents physical education participation Yes_____ No_____

Explain:_____

Special Diet Yes_____ No_____

Explain:_____

Any other health information or concerns:_____

_____

_____

I authorize school medical personnel to share the above information on a need to know basis with Tabernacle Township School Staff that will be in direct contact with my child i.e.; classroom teacher, sports coaches, band director, administration etc.

Parent/Guardian Signature_____ Date_____

Revised 2/16/2021