

## Health Inventory

School \_\_\_\_\_

Date \_\_\_\_\_

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

Dear Parent:

Please complete this form and return it to the office/school nurse. The information will enable the school nurse and staff to have better understanding of the health of your child.

Student Full Legal Name \_\_\_\_\_ Gender \_\_\_\_\_ DOB \_\_\_\_\_

Medication Allergies \_\_\_\_\_ Food Allergies \_\_\_\_\_

Please check any of the following signs and symptoms you have recently observed:

Frequent headaches \_\_\_\_\_ Frequent stomachaches \_\_\_\_\_ Frequent earaches \_\_\_\_\_

Frequent sore throats \_\_\_\_\_ Frequent nosebleeds \_\_\_\_\_ Vomiting \_\_\_\_\_

Frequent sinus problems \_\_\_\_\_ Environmental allergies \_\_\_\_\_ Fainting \_\_\_\_\_

Have you consulted a doctor about the symptoms you have observed? Yes \_\_\_\_\_ NO \_\_\_\_\_

Medical History – please check all that apply to your child

Asthma \_\_\_\_\_ Age \_\_\_\_\_ Diabetes \_\_\_\_\_ Age \_\_\_\_\_ Chickenpox \_\_\_\_\_ Month \_\_\_\_\_ Year \_\_\_\_\_

Allergies \_\_\_\_\_ Age \_\_\_\_\_ Heart disease \_\_\_\_\_ Age \_\_\_\_\_ Fractures \_\_\_\_\_ Age \_\_\_\_\_

Seizures \_\_\_\_\_ Age \_\_\_\_\_ Kidney disorder \_\_\_\_\_ Age \_\_\_\_\_ Serious injury \_\_\_\_\_ Age \_\_\_\_\_

Hearing loss \_\_\_\_\_ Age \_\_\_\_\_ Vision loss \_\_\_\_\_ Age \_\_\_\_\_ Glasses \_\_\_\_\_ yes \_\_\_\_\_ no \_\_\_\_\_

Please give additional information on the above marked conditions \_\_\_\_\_  
\_\_\_\_\_

Current Medications \_\_\_\_\_

Is he/she under the treatment of a doctor at this time? Yes \_\_\_\_\_ No \_\_\_\_\_

For what condition(s)? \_\_\_\_\_

Name of physician/clinic \_\_\_\_\_

List names of brothers/sisters and please include ages \_\_\_\_\_

\*\*\*If you child has any serious condition that might impact his/her school activities, please notify the school nurse.

Has your child attended Lone Oak schools before? Yes/No \_\_\_\_\_ Year \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_