



Confidential Student Health Form

Student Information			
Student Name (Last, First):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth:	Grade:

- An official copy of student's immunization record, showing student is up to date with Missouri Immunization requirements must be on file for enrollment.
- Students in progress for immunizations must receive immunizations as soon as they are due to remain in school.
- Religious and Medical exemptions are allowed with proper documentation on file.

Health Information	In the past 12 months, has student:
Insurance: <input type="checkbox"/> Private <input type="checkbox"/> MO HealthNet <input type="checkbox"/> None	Had a physical? <input type="checkbox"/> Yes <input type="checkbox"/> No Had a dental exam? <input type="checkbox"/> Yes <input type="checkbox"/> No Been to the ER/hospital? ** <input type="checkbox"/> Yes <input type="checkbox"/> No **If so, for what: _____ _____ _____
Would you like the Social Worker to contact you regarding programs available for various needs? (Dental, nutrition, hygiene, clothing, insurance). <input type="checkbox"/> Yes <input type="checkbox"/> No	
Please contact your School Nurse if you want to schedule a meeting to discuss your student's medical history.	

Does your child take medications? <input type="checkbox"/> YES <input type="checkbox"/> NO	Will medication be taken at school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Reason:	If yes, please contact nurse regarding proper procedures.	
Medication:	Dose:	Time(s):
Medication:	Dose:	Time(s):
Medication:	Dose:	Time(s):

Medical History					
Have you ever been told by a physician that your student has any of the following:					
ADHD	Yes	No	Genetic Disorder	Yes	No
Allergy	Yes	No	Head Injury/Concussion: Date injured:	Yes	No
Asthma	Yes	No	Hearing Concerns	Yes	No
Bladder Concerns	Yes	No	Heart Condition	Yes	No
Bleeding/Blood Disorder	Yes	No	Mental/Emotional Concerns	Yes	No
Bone/Joint Concerns	Yes	No	Migraine/Chronic Headaches	Yes	No
Diabetes	Yes	No	Neurological/Seizure Disorder	Yes	No
Gastrointestinal Concerns	Yes	No	Vision Concerns	Yes	No
Other: specify:					
Please explain YES answers here:					

****Please note: Park Hill health rooms do not stock medication for student use.****

- If student needs medication at school, parent must provide medication in prescription-labeled bottle or original container for over-the-counter medication.
- A Medication Authorization form must be completed for each medication to be given at school.
- Medication must be given according to prescription or product label.
- Expired medication will not be administered.
- Please contact school nurse regarding any medication questions or if student needs to self-carry medication.