

Penn Cambria School District- Student Health History

(This information will become a part of your child's confidential school health record.)

Student's Full Name _____ Birthdate _____ Sex _____ Grade _____

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

Items with an asterisk (*) require an additional form. This form will be provided by the nurse.

Health Condition Please check yes or no	No	Yes	Explanation if "Yes" Please circle additional information that pertains to your child.
Arthritis/Rheumatic Disease			
*Asthma			Rate the severity (please circle): Mild Moderate Severe Life Threatening Medication taken at home: Medication required at school: Other info:
Attention Deficit/Hyperactivity Disorder			Medication take at home: Medication take at school:
*Bee Sting Allergy			Rate the reaction: Mild Moderate Severe Life Threatening Does your child require Benadryl? No Yes EpiPen? No Yes
Bleeding Disorder/Cooley's anemia			
Cancer			Specify: Treatment:
Cardiovascular Condition (Heart)			
Cerebral Palsy			
Congenital abnormality/Birth Defect			
Cystic Fibrosis			
*Diabetes			Type I (Insulin dependent) Type 2 Diabetes Medication:
Drug Allergies			
Environmental/Seasonal Allergies			
*Epilepsy/Seizure Disorder			Type of Seizure: Seizure Medication: Does your child require Diastat or Nasal Midazolam? No Yes
Eye or Vision Problems			Diagnosis: Glasses Contacts for distance for reading
*Food Allergy			Food(s): Rate the reaction: mild moderate severe life threatening Does your child require Benadryl? No Yes EpiPen? No Yes
Gastrointestinal Disorder (Bowel/Digestive Issues)			Specify: Medications: Special Diet:
Headaches			Migraines: No Yes Triggers: Treatment:
Hearing Loss			Right ear Left ear Hearing aids Tubes
Kidney/Bladder Problems			
Language/Speech Difficulties			
Mental/Emotional/Behavioral Health			Specify: Treatment/Medications:
*Other Allergy			List & Explain severity: Does your child require Benadryl? No Yes EpiPen? No Yes
Sickle Cell Disease			
Skin Problems/Eczema			
Spina Bifida			
Tourette's Syndrome			

PLEASE COMPLETE THE REVERSE SIDE.

