New Kent COUNTY SCHOOLS
A GREAT PLACE TO LEARN

Yearly Health History Update - Clinic Record

Student's Name:_____DOB:_____Current Grade:_____Sex:_____
Student's Address:_____City:_____State:_____Zip:_____
Name of Parent/Legal Guardian(1):_____Phone(home/cell)_____(work)_____
Name of Parent/Legal Guardian(2):_____Phone(home/cell)_____(work)_____

CONDITION	YES	MEDICATIONS/COMMENTS	CONDITION	YES	MEDICATIONS/COMMENTS
Allergies(food,insects,drugs, latex)			Diabetes		
Allergies (seasonal)			Head Injury, Concussion		
Asthma/Breathing Problems			Hearing Problems		
ADD (or) ADHD			Heart Problems		
Behavioral Problems			Muscle Problems		
Developmental Problems			Seizures		
Bladder Problem			Sickle Cell Disease (not trait)		
Bleeding Problem			Speech Problems		
Bowel Problem			Spinal Injury		
Cerebral Palsy			Surgery		
Cystic Fibrosis			Vision Problems		
Dental Problems			Other Condition		

Describe any other important health information about your student (for example- feeding tube, hospitalizations, oxygen support, hearing aid, dental appliance, etc.):_____

List all prescription, over-the-counter, and herbal medications your student takes regularly: _____

CONTACT YOUR STUDENT'S SCHOOL NURSE IF YOU WOULD LIKE TO DISCUSS ANY CONFIDENTIAL HEALTH INFORMATION.
For the safety of your student, please provide any emergency medication and medical supplies needed to care for them prior to their arrival at school (Benadryl, Epinephrine, Inhaler, Other). A Doctor Order and written parent/guardian permission is required for medication to be administered at school.

	NAME	PHONE	DATE OF LAST APPOINTMENT
Pediatrician/Primary Care Provider			
Specialist/Other			
Specialist/Other			
Dentist			
Preferred Hospital			

Yes___NO___I give permission for the above health care care providers to be contacted regarding my student's medical history or treatment.
Student's Health Insurance: _____None _____FAMIS Plus (Medicaid) _____FAMIS _____Private/Commercial/Employer sponsored
If you are interested in free or low cost health insurance go to this link: www.famis.org

Signature of Parent/Legal Guardian:_____Date:____/____/_____