Wooster City Schools

Health History

Student's name	Sex	Date of birth
	☐ Male ☐ Female	/ /

Birth and Developmental History ☐ No unusual birth or developmental history

Was infant born full term? ☐ Yes ☐ No
Did infant have any sickness or problems? ☐ Yes ☐ No If yes, please explain_____
How does the chld's development compare to other children, such as his or her brothers/sisters or playmate?
☐ About the same ☐ Delayed ☐ Advanced

Student Health Conditions

☐**YES**, my child receives medical/health care for the following conditions: ☐ **NO** medical conditions

- ❒ Allergies
- ❒ Asthma
- ❒ ADD/ADHD
- ❒ Autism
- ❒ Behavior concerns
- ❒ Birth/congenital malformations
- ❒ Bone/muscle/joint problems
- ❒ Blood problems
- ❒ Bowel/bladder problems
- ❒ Cancer
- ❒ Cystic fibrosis
- ❒ Diabetes
- ❒ Depression
- ❒ Ear problem/hearing difficulty
- ❒ Headaches
- ❒ Heart problems
- ❒ Juvenile arthritis
- ❒ Lead poisoning
- ❒ Migraines
- ❒ Neuromuscular disorder
- ❒ Seizure disorder
- ❒ Sickle cell anemia
- ❒ Skin conditions
- ❒ Speech problems
- ❒ Traumatic brain injury
- ❒ Vision problems (glasses, contacts)
- ❒ Other_____

Please explain any conditions above or any reasons for hospitalizations.

_____

Allergy type	**Reaction**	**School restrictions or recommended actions**
❒ Bee/Insect		
❒ Food		
❒ Medication		
❒ Other		

Please list any prescription medications that your child takes on a regular basis.

Medication and dose	**Time**	**Reason**

Does the student require any special procedures and/or treatments for their health condition(s) during school hours?

☐ Yes ☐ No If YES, please explain.

_____

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

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Form completed by	Relationship to student	Date
		/ /