

# Health History Questionnaire

Dear Parent/Guardian;

In an effort to provide care for your child while they are at school, we are requesting an update on your child's health status. Please complete this form in cooperation with your child's health care provider. **This form is only valid for the current school year.**

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Grade/HR: \_\_\_\_\_

## Medical History

Please indicate any medical conditions/diagnosis and treatments:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_

Student's Primary Healthcare Provider

Name: \_\_\_\_\_ Office phone#: \_\_\_\_\_

Address: \_\_\_\_\_

I, the parent/guardian, understand that this information will only be shared with appropriate staff members on a need to know basis. I give permission for the school nurse to communicate directly with the child's physician.

Parent/Guardian Printed Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Thank You!

Terri DiGaetano BSN, RN