Wichita Public Schools

Division of Student Support Services

Department of Health Services

Date - _____ Student Legal Name - _____

Birthdate - _____ Grade - _____

Health Care Provider/Doctor - _____ Phone Number - _____

If your child has significant health issues, it is your responsibility to notify the school nurse. Directly notifying the school nurse helps to ensure your child receives appropriate care.

Circle "Yes" or "No". If "Yes", please comment – use back of form if needed.

Any Health Concerns Yes No _____ _____

Medical History			**Age at Diagnosis**	**Comments**
Allergies	Yes	No	_____	List Allergies_____
Asthma	Yes	No	_____	_____
Bladder Problem	Yes	No	_____	_____
Bowel Problem	Yes	No	_____	_____
Braces	Yes	No	_____	_____
Dental Appliance	Yes	No	_____	_____
Eye Problems	Yes	No	_____	_____
If "Yes" - Date of last vision exam _____				
Glasses	Yes	No	_____	_____
Contacts	Yes	No	_____	_____
Head Injury	Yes	No	_____	_____
Hearing Problems	Yes	No	_____	_____
Ear Tubes	Yes	No	_____	_____
Hearing Aids	Yes	No	_____	_____
Genetic Disorder	Yes	No	_____	_____
Headaches	Yes	No	_____	_____
Heart Problem	Yes	No	_____	_____
Kidney Problem	Yes	No	_____	_____
Seizure Disorder	Yes	No	_____	_____
Stomach Problem	Yes	No	_____	_____
Other	Yes	No	_____	_____
Accidents	Yes	No	_____	Date/Details_____
Injuries	Yes	No	_____	Date/Details_____
Surgeries	Yes	No	_____	Date/Procedure_____
Medication(s)	Yes	No	_____	_____

Name of medication _____ Dosage _____

Time medication is taken_____ Will this medication be taken at school? Yes No

Name of medication _____ Dosage _____

Time medication is taken_____ Will this medication be taken at school? Yes No

_____ _____

Signature of person completing this form Their relationship to this student