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 Relationship to student Revised June 2012