



BETHANY PUBLIC SCHOOLS STUDENT HEALTH HISTORY



Student's Name _____ Grade _____
 Last Name First Name Middle Name
 Parent/Guardian: _____ Cell# _____ Work# _____

Your student's conditions:	✓	Your student's conditions	✓	Your student's conditions	✓
ADD/ADHD		BLADDER/BOWEL PROBLEMS		SEIZURES:	
ALLERGIES: List all below		BLEEDING DISORDER/ANEMIA		Last Seizure date:	
Food Allergies:		CANCER (Year _____)		Seizure Rescue Meds:	
Medication allergies:		CHICKENPOX (Year _____)		SINUSITIS , chronic	
Environmental allergies:		DISABILITIES		SKIN CONDITIONS	
Animal allergies:		DIABETES		STOMACH DISORDERS	
Latex allergies:		EARACHES , chronic		SURGERY	
Other allergies:		EMOTIONAL PROBLEMS		TUBERCULOSIS	
EPI-PEN Location:		HEADACHES		VISION:	
ARTHRITIS		HEARING LOSS		Glasses	
ASTHMA:		HEARING AIDES		Contacts	
List Triggers:		HEART CONDITION		OTHER	
INHALER Location:					
If there are NO known medical conditions, please check box: <input type="checkbox"/>					

LIST ALL MEDICATIONS TAKEN REGULARLY, at home and/or school: (use additional paper if necessary)

Name of Drug	Purpose of Drug	Dose
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PARENT CONSENT FOR FIRST AID TREATMENT AT SCHOOL

Occasionally, your child may unexpectedly need first aid treatment during a school day. For these occasions, we must have written parental permission. Bethany Public Schools maintains a limited supply of over-the-counter first aid medications for student use. If your child needs an over-the-counter medication for an extended time or for a chronic condition parents are requested to supply over-the-counter medications and must complete the Medication Authorization Form.

Upon a nurse's assessment, I authorize my child to receive first aid care which may include the following:

- First aid topical ointment/spray
- Lip Ointment
- Topical anti-itch cream
- Saline Eye Wash
- Benadryl (only for an emergency allergic reaction)

Sunscreen for field trips may be applied with written authorization. Sunscreen must be FDA approved and provided by parent/guardian.

Signature of Parent/Legal Guardian: _____ Date: _____