

STONEHAM PUBLIC SCHOOLS  
ANNUAL HEALTH HISTORY UPDATE

Student Name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Date of most recent physical exam: \_\_\_\_\_

Physician's name and phone number: \_\_\_\_\_

Dentist's name and phone number \_\_\_\_\_

1. Allergies - (food, insect bites, latex, medications, etc.)

None known

Allergy requiring medication in school: \_\_\_\_\_

Medication: \_\_\_\_\_

**\*Allergy Action Plan signed by the MD and parent must be provided along with medication**

2. Medical conditions (heart problems, seizures, diabetes, etc.)

None known

Yes Condition: \_\_\_\_\_

3. Breathing Problem/Asthma

No  Yes

Inhaler required at school **\*Massachusetts Asthma Action Plan signed by the MD and parent must be provided along with the medication**

4. Is your child on medication?

No

Yes Medication and reason \_\_\_\_\_

**\*Medication cannot be administered in school unless it is brought in by an adult. A Physician's order and parent/guardian authorization must be provided along with medication. Medication must be in a pharmacy labeled container.**

5. Glasses:

No

Yes Distance Reading Contact lenses

6. Hearing: any known loss or problems? \_\_\_\_\_

7. Insurance Co. \_\_\_\_\_

8. Any additional information you feel it is important to know? \_\_\_\_\_

In order to assure that your child is cared for appropriately, the school nurse will share information that might affect your child's safety and well-being with appropriate school staff.

PARENT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

*It is the policy of the Stoneham Public Schools not to discriminate on the basis of sex, race, religion, national origin or handicap in its education program, activities, or employment policies as required by law.*