

SHELTON PUBLIC SCHOOLS

HEALTH INFORMATION DATA (Complete Both Sides & Sign)

Health Record

Registration Date _____

Child's Name: _____

Date of Birth: _____

Parent's Name: _____

Home Phone: _____

Address: _____

Bus. Phone: _____

Child's Physician: _____

Phone: _____

Grade: _____ **Teacher** _____ **School:** _____

Has your child had any of the following diseases?

YES NO DATE

| | 1 | 2 | 1 | 2 | YES | NO | DATE |
|------------------------------|-------|-------|-------|-------|-------|-------|-------|
| Scarlet Fever / Strep Throat | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Poliomyelitis | | | | | _____ | _____ | _____ |
| Pneumonia / Bronchitis | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
| Rheumatic Fever | | | | | _____ | _____ | _____ |
| Diabetes | | | | | _____ | _____ | _____ |
| Lyme Disease | | | | | _____ | _____ | _____ |
| Chicken Pox | | | | | _____ | _____ | _____ |
| Disease/Vaccine (circle) | | | | | _____ | _____ | _____ |
| Tuberculosis | | | | | _____ | _____ | _____ |
| 5 th Disease | | | | | _____ | _____ | _____ |
| Epilepsy | | | | | _____ | _____ | _____ |
| Other (Identify) _____ | | | | | _____ | _____ | _____ |

Do any of these conditions exist or have they existed?

| | | | |
|--|-------|-------|-------|
| Vision Difficulty (Glasses <u>Y</u> <u>N</u>) | _____ | _____ | _____ |
| Hearing Difficulty (Tubes <u>Y</u> <u>N</u>) | _____ | _____ | _____ |
| Speech Difficulty | _____ | _____ | _____ |
| Asthma (medication for school <u>Y</u> <u>N</u>) | _____ | _____ | _____ |
| Allergies environment (Foods list on back) | _____ | _____ | _____ |
| Nuts (Epi-pen <u>Y</u> <u>N</u>) | _____ | _____ | _____ |
| Physical Handicaps | _____ | _____ | _____ |
| Premature Baby # weeks _____ Birth wt. _____ | _____ | _____ | _____ |
| Convulsions | _____ | _____ | _____ |
| Bee Sting Allergy (needs epi-pen <u>Y</u> <u>N</u>) | _____ | _____ | _____ |

Please explain any of the above and what is done to minimize or alleviate the specific condition.

