



Clinton School District



Student Health History 2016-17



Your student's learning depends upon good health. To assist in providing health services at school, please complete the following and return to the school nurse or the office.

Student Name: _____ DOB: _____

Grade: _____

Doctor: _____

Visit in past 24 months Yes No

Dentist: _____

Visit in past 24 months Yes No

INSURANCE: Private Family Health Partners MoHealthNet Healthcare USA
Blue Advantage None Other _____

ALLERGIES: Yes No (allergy to drugs, food, insect bites, bee/wasp stings, other)
Please list specific allergy: _____

ASTHMA: Yes No **Inhaler:** At school (Right to Carry Form must be signed every year)

DIABETES: Yes No

SEIZURES: Yes No

HEART: Yes No

ADD/ADHD: Yes No

OTHER HEALTH CONCERNS: _____

Current Medication: _____

For student safety, all medication brought to school must be transported to and from school by the parent/guardian.

In the fall school health services will be performing an annual Health Screening for grades :K, 1st, 3rd, 5th, 7th, 9th, & 11th which will include vision, dental, hearing, height, weight and scoliosis. Students may also be referred for screening by teachers, staff or parents. If your student should receive a non-pass on a screening the parent/guardian will be notified by a written referral letter from the school nurse.

(Parent or Legal Guardian Signature)

(Date)

Any changes in your child's health please notify the health service team.
Please complete this form and return it to the school nurse.