

Burrillville Middle School Health Office

Health History Form

Student Name: _____ Grade: _____ Advisor: _____

Date of Birth: _____ Health Care Provider Name & Number: _____

1). Does the above child have any new medical concerns? Yes No

If yes, please explain: _____

2). Does your child have a history of **seizures**? Yes No

If yes the **last** seizure was witnessed on (date): _____

Usual triggers of seizure are: _____

Signs/symptoms of seizure are: _____

3). **Any Known Allergies:** _____ **Reaction** _____

Is an Epipen required for above allergy(s)? Yes No

(If yes, please provide Epipen, Benadryl, and orders from your health care provider.)

4). List **Daily Medications** taken at home (please include dose and frequency):

5). Is there any reason your child cannot participate in physical education? Yes No

(If yes, please provide documentation of limitations from health care provider and attach to this form).

6). Please check if your child has the following: Glasses Hearing Aides Walk-Assist Devices

7). A scoliosis screening is done by the school nurse/teacher every spring. Do you want your child screened for scoliosis?

No My child has already been screened by a health care provider over the past year/or I object on the grounds that the test conflicts with our religious beliefs.

Yes I would like to have my child screened for scoliosis in the spring.

Medical concerns that you list may be considered as important for certain faculty members to know. By returning this to the classroom teacher, your child's classroom teacher will be aware of the above concerns. If you wish to keep medical concerns private please seal this form in an envelope, and write "confidential -- school nurse." Please do not hesitate to call the school nurse/teacher, Mrs. Diana McPherson, at any time during the school year for any questions/issues. **Food, Bee Sting, and Life-Threatening allergies will be alerted to the cafeteria staff and faculty members for early recognition and prevention.**

Parent/Guardian Signature _____ Date _____

Reminder: A general health examination and health clearance will be required upon **entry to the seventh (7th) grade**. This general health examination may be performed during the sixth (6th) grade, but no later than six (6) months after entry into the seventh (7th) grade. **Immunizations are to be updated upon entry to the seventh grade (R16-21-SCHO)**. Please see Immunization Policy in Handbook.