

**Student Health History Form
Harry Lee Cole School**

26 Middleton Road, Boxford, MA 01921

978-887-2856

Dear Parents/Guardians:

Please complete this questionnaire to the best of your ability and return it with your registration materials. This information will be kept in your child's confidential school medical record. It will be very helpful to the school nurse and physician in understanding and safeguarding your child's health. Thank you.

Child's Name _____ Gender M F
Last First Middle Nickname

Street Address _____ Length of Residency in Boxford _____

Home Telephone # _____ Cell Phone # _____

Student's Date of Birth _____ City/State of Birth _____

Father's Name _____ Mother's Name _____

Birthplace _____ Birthplace _____

Business Address _____ Business Address _____

Business Phone _____ Business Phone _____

Marital Status: Married Divorced Separated Re-married Single Widowed

Other children in the family: Birthdates

Others living in your home: (grandparents, au pairs, etc.)

Doctor _____ Address: _____ Phone: _____

Dentist _____ Address: _____ Phone: _____

Is your child currently being treated for an illness or condition of which the school should be aware? If so, please describe _____

Is your child presently taking any medication? If so, what _____
Why? _____

Will your child have to take this medication during school hours? No Yes _____

Do you consider your child's health to be: Good Fair Poor

Can your child participate fully in all school activities? Yes No Please describe limitations:

Does your child have any allergies? Food Animals Medications Insect/bee stings Dust/pollen
Other _____

(Please turn over)

Please check any conditions your child may have:

Asthma Eczema Convulsions Hernia
 Heart disease Tires easily Frequent headaches Strep throat
 Dizziness or fainting spells More than 3-4 colds per year Frequent nosebleeds
 Painful joints Persistent coughing or wheezing Tonsils/adenoids removed
 Stomach aches or vomiting Problems with bowel movements Mobility problems
 Kidney disease or urinary frequency Other _____

If so, is the condition under the care or observation of a physician? No Yes

Doctor's Name/Address/Phone _____

Has your child had any of the following? If so, please describe.

Serious injuries _____ Serious illness _____

Accidents _____ High fevers (over 105°) _____

Surgeries/operations _____

Eye problems (difficulty seeing, crossed eyes, frequently reddened or watery eyes)

Wears glasses If so, Doctor's Name/Address/Phone _____

Ear or hearing problems (frequent earaches, draining from ears, difficulty hearing)

Tubes in his/her ears? If so, Doctor's Name/Address/Phone _____

Braces and/or corrective shoes now or in the past?

Any speech problems (stuttering, difficult to understand, delayed speech development)

At what age did your child combine words? _____

Is a language other than English spoken at home? No Yes Which language? _____

What hand preference does your child show? Right Left Ambidextrous

Does your child have any other specific illness or disability which might affect his/her school performance or experience? _____

Was this a normal, full-term pregnancy and delivery? Yes No _____

Birth weight _____ Length of labor _____ Child discharged from the hospital with you?

Yes No _____ Is your child adopted? No Yes From _____

At what age did your child: Walk _____ Talk _____ Toilet trained _____

How did your child develop compared to other children of the same age?

Faster Slower About the same

Please check if your child has had any of the following experiences which might influence his/her social or physical development: Frequent change of residence Death in the family Accidents Fires

Other _____

Please check if you expect that your child may have any of the following problems when he/she begins school:

Leaving home for the first time Getting along with a new adult

Getting along with other children Dressing, eating, toileting independently

Has your child attended a nursery or preschool? For how long? _____ Name of school _____

Do you have any concerns about your child's general health, behavior or emotional well-being of which the school should be aware? No Yes (*Please attach a separate sheet of paper*)

Thank you!