

Clark Lane Middle School Annual Health Questionnaire

Information provided on this questionnaire will be shared with appropriate staff as stated in the *Family Educational Rights & Privacy Act* (FERPA). There are 2 sides to this form..

Pupil's Name _____ Grade _____

Name of Physician, Dentist and Specialist _____

1. Does your child have any of the following conditions? If yes, please explain in detail.

Food Allergies No _____ Yes(which) _____
Reaction _____

Medication Allergies No _____ Yes (which) _____
Reaction _____

Beesting Allergies No _____ Yes/Reaction _____

Latex Allergy No _____ Yes/Reaction _____

Other Allergies No _____ Yes (which)/Reaction _____

Does your child have an EpiPen ordered from a physiscian? No _____ Yes _____

What is the EpiPen for (which allergy)? _____

Asthma No _____ Yes _____

Inhaler No _____ Yes _____ Home, school or both _____

Diabetes No _____ Yes _____ Insulin _____

Seizures No _____ Yes _____

Heart Condition No _____ Yes _____

Urinary Condition No _____ Yes _____

Skin Disorder No _____ Yes _____

Please Complete the Reverse Side

Please explain any Yes answers

Continued:

Speech Difficulties No _____ Yes _____

Hearing Difficulties No _____ Yes _____

Vision Difficulties No _____ Yes _____

Scoliosis No _____ Yes _____ Under Dr's Care for Scoliosis _____

2. List any serious illness, injury or surgery your child has had during the past year.

3. List all medications, herbal preparations and vitamins your child takes routinely or on an emergency basis.

4. If there is any other medical information about your child that you would like the nurse to know, please indicate here, or contact her @ 437-6977.

5. Does your child have health insurance? Yes _____ No _____

Signature of Parent/Guardian

Date

Telephone Numbers:
