# Plainfield Public Schools Health Information Form

Name of Child: _____ Grade:_____

Date of Birth: _____ Sex: _____ Phone: _____

Name of Parent/Guardian:_____

Name of Parent/Guardian:_____

Last School Attended: _____ City/State:_____

Entrance/Exit Dates of last school attended:_____

## Health History:

Attach copy of Immunizations

**Allergies:** (check one for each)

Food: Y☐or N☐ If yes, type:_____ Bee Stings Y☐or N☐

Medications: Y☐or N☐ If yes, name:_____ Animals: Y☐or N☐ Environmental: Y☐or N☐

Specific Reaction and Medication or Treatment:

_____

Normal Birth/Delivery: Y☐or N ☐

Explain, if needed:_____

List any developmental delays:_____

Speech Issues: Y☐or N☐ Hearing Issues: Y☐or N☐ Vision Issues: Y☐or N☐

Mobility Issues: Y☐or N☐ Bowel/Bladder Issues: Y☐ or N☐ Nutritional Issues: Y☐ or N☐

Assistive Devices: (check all that apply)

Glasses ☐ Hearing Aids☐ Orthopedic Braces/Shoes☐ Diapers/Pull-ups☐

Crutches/Walker/Wheelchair ☐

High Lead Levels: Y☐or N☐ Result:_____ Date:_____

Dietary Concerns:_____

List any Childhood Diseases: _____

List any Behavioral Concerns: _____

Surgery History: (check all that apply)

Tooth Extractions ☐ Circumcision☐ Tonsillectomy☐ Adenoidectomy☐

Ear Tubes☐ Appendectomy☐ ACL Repair☐ Orthopedic☐ Heart Surgery☐

Other:_____

Has your child had any serious accidents or injuries: Y☐ or N☐

Type:_____ Date(s):_____

Does your child take any medication/vitamin/supplement on a daily basis? Y☐ or N☐

Name of Medication: _____

Reason: _____

**Health Issues**: (check all that apply)

☐ Autism ☐ Intellectual Disability ☐ Down Syndrome

☐ Asthma ☐ Epilepsy/Seizure Disorder ☐ Febrile Convulsions

☐ Cerebral Palsy ☐ Frequent Sore Throats ☐ Diabetes

☐ Lyme Disease ☐ Frequent Ear Infections ☐ Frequent Headaches

☐ Chronic Respiratory Infections (Pneumonia/Bronchitis) ☐ Psoriasis/Eczema

☐ ADHD ☐ Depression ☐ Anxiety

☐ Cavities/Fillings/Caps ☐ Orthodontic Braces

Please list any other additional comments or concerns regarding your child that you feel the school staff should be aware of:

_____

_____

_____

_____

_____

_____ _____

Parent/Guardian Signature Date

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