Revised 1/2020

CLINTON PRAIRIE SCHOOL CORPORATION Student Health Information 2020-2021

Stu	dent's Name			Grade and	Homeroom Te	eacher
	Iealth History – Please cl	heck if positive:	-	Grade and		None
	Seizure Condition	Heart Condition	on	Vision Pro	blems	Hearing Problems
	Asthma	SEVERE Head	daches	Glasses for	r Reading	Frequent Nosebleeds
	Earaches	Seasonal Aller	gies	Glasses at	all times	Fainting Spells
	Diabetes	Other Serious		Contacts		MRSA
	ADD/ADHD	Emotional Dif		Speech Di	fficulty	Crohn's/IBS
	e a brief history of any iter					
II.*	Check Any Severe or Ser	rious Allergy Your St	udent Has:			□ None
	A. Insect stings (list type)					
	B. Food (list type)					
	C. Animals (list type)					
T 1	D. Other (list)	11 D . D .	A 11 A 1	1 1 ()	C.1 11 1 1	
Indi			Allergy Attack		f the allergies che	ecked above, beside the signs:
		ifficulty breathing		Rash		
		ifficulty swallowing		Nausea		
		oss of consciousness		Flushed or unusual	ly pale skin color	
		welling		Other:		
		ow much?	_			
	W	here?	_			
Has	emergency medical treatm	nent been needed in the	e past year for a	allergies? No	Yes (when)	
III.	Medications Currently	<u>Taking</u>				☐ None
	Medication and Dosa	ge/Strength	Reaso	n	Amount Take	en Time of Day
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Α.						
A.						
B.						
B. C.						
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Parent/Guardian Signature _____