



# Clear Creek Elementary School District

## Health Information (Confidential for Health File)

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Physician/NP/PA: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ City: \_\_\_\_\_ Phone: \_\_\_\_\_

Health Plan/Insurance: \_\_\_\_\_ Group: \_\_\_\_\_

Do you want to receive information on the Healthy Families Insurance Plan?  Yes  No

*Circle any concerns that apply to your child:*

### Hearing

Date of hearing assessment: \_\_\_\_\_ Hernia Difficulty with coordination

Assessed by whom? \_\_\_\_\_ Nosebleeds Musculo-skeletal Problems

Ear infections; how many? \_\_\_\_\_ Fainting spells Strept throat, how many? \_\_\_\_\_

Tubes in ear Pneumonia Diabetes

Uses hearing aid Migraines Seizures

Speech problems Tantrums Frequent Urination

Asthma (last episode) \_\_\_\_\_ ADHD/ADD Skin disorder: \_\_\_\_\_

### Vision

Glasses to be worn at all times Allergies: pollens Allergies: medication

Glasses for reading/distance Allergies: bee stings Are any of the allergies life-threatening? \_\_\_\_\_

Wears contact lenses Allergies: animals

Requires preferential seating Allergies: food

Hospitalized for: \_\_\_\_\_ Date: \_\_\_\_\_

Medical work-ups for: \_\_\_\_\_ Date: \_\_\_\_\_

Currently under treatment for: \_\_\_\_\_

Takes medication: \_\_\_\_\_ Required at school? \_\_\_\_\_

**(We must have the medication form signed by you and your doctor)**

Health and Developmental History

Age of mother during pregnancy: \_\_\_\_\_ Length of pregnancy: \_\_\_\_\_ weeks

Order of pregnancy: \_\_\_\_\_ Any problems during pregnancy? \_\_\_\_\_

Birth weight: \_\_\_\_\_ Any problems during birth? \_\_\_\_\_

Was oxygen required? \_\_\_\_\_ Complications that required extended stay in hospital? \_\_\_\_\_

Any accidents/illnesses during infancy or early childhood? (Describe) \_\_\_\_\_

Developmental milestones were  above average  average  below average in sitting; walking; talking in 3-word phrases.

Comments and Concerns:

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ST/lhv

Kindergarten/Health information 2021 2022