



## School Health Information Profile (Initial)

Student Name: \_\_\_\_\_ DOB: \_\_\_/\_\_\_/\_\_\_ Grade: \_\_\_\_ Age: \_\_\_\_

Person Completing Form: \_\_\_\_\_ Today's Date: \_\_\_\_\_

Parent/Guardian Name(s): \_\_\_\_\_

Parent (1) Phone Number: \_\_\_\_\_ Parent (2) Phone Number: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Doctor Name \_\_\_\_\_

Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Specialty: \_\_\_\_\_ Specialty: \_\_\_\_\_

General Health Information: \_\_\_\_\_

\_\_\_\_\_

Insurance Status: \_\_\_\_\_

Health and Developmental History: \_\_\_\_\_

\_\_\_\_\_

Birth History: \_\_\_\_\_

Onset of Health Conditions (asthma, diabetes, seizures etc.) and date of diagnosis: \_\_\_\_\_

\_\_\_\_\_

History of health emergencies/hospitalizations: \_\_\_\_\_

\_\_\_\_\_

Food Allergies: \_\_\_\_\_

Other Allergies/Reactions: \_\_\_\_\_

Other Health Needs: \_\_\_\_\_

Current Health Status: \_\_\_\_\_

Specific triggers/symptoms/childhood experiences: \_\_\_\_\_

\_\_\_\_\_

Management of health conditions: \_\_\_\_\_

\_\_\_\_\_

Medications	Dose(s)	Frequency	Reason	Required at School?	Comments

Any medical equipment used in school (nebulizer, oxygen etc.): \_\_\_\_\_

\_\_\_\_\_

Family Information: \_\_\_\_\_

Nutritional Status: \_\_\_\_\_

Psycho-Social considerations (level of independence, siblings, stressors, etc.): \_\_\_\_\_

\_\_\_\_\_

Additional things we should know: \_\_\_\_\_

\_\_\_\_\_

### Emergency Medical Instructions

**Health Condition:** \_\_\_\_\_

Signs and symptoms to look for: \_\_\_\_\_

\_\_\_\_\_

If signs or symptoms appear, do this: \_\_\_\_\_

\_\_\_\_\_

To prevent incidents: \_\_\_\_\_

Comments: \_\_\_\_\_

\_\_\_\_\_