

# Omaha Street School

## Health History Form

Please complete and return this form to the school with a copy of the student's shot record.

Date \_\_\_\_\_

Student Name \_\_\_\_\_ Age \_\_\_\_\_ DOB \_\_\_\_\_

Address \_\_\_\_\_ City/Zip \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

Guardian Name \_\_\_\_\_

Home Phone \_\_\_\_\_ Guardian Cell Phone \_\_\_\_\_

Emergency Contact:

#1 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

#2 Name \_\_\_\_\_ Phone \_\_\_\_\_ Relation to Student \_\_\_\_\_

**List any allergies to medications, the environment or food:**

\_\_\_\_\_

**Do you take medications at home or at school? YES \_\_\_\_\_ NO \_\_\_\_\_**

**If YES, please list medications taken at home:**

\_\_\_\_\_

**Medications Taken at School (including inhalers for asthma):**

Medication Name	Dose (How much?)	How often? (Schedule)	Reason

**How would you describe your general overall health? (Circle One)**

**Excellent          Good          Fair          Poor**

**Do you have serious health concerns (includes asthma)?** \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

If you answered **YES**, give additional information about your medical conditions past or present. **For individuals with seizures** please describe the seizures, include how often you have them, how long they last, and when your last seizure occurred.

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**Do you have Asthma?** \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

If **YES**, do you take medication or have a rescue inhaler? \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

If **YES**, do you have a current prescription for your asthma medication? \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

Do you carry a rescue inhaler with you? \_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

Do you have any concerns about your health or access to health care? If yes, please explain.

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**If the student is a parent do you have health insurance for your child/children?**

\_\_\_\_\_ **YES**    \_\_\_\_\_ **NO**

As a teen parent do you have other concerns about healthcare, dental, or parenting that you could use assistance with? If yes, please specify.

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