MESSIAH LUTHERAN SCHOOL
HEALTH HISTORY SCREENING

Child's Name _____

Grade _____ Birthdate _____ ☐Male ☐Female

The following information is considered confidential and is for the use of teachers, principal, or other staff who will be in contact with and responsible for your child during the school day.

Current Medical Care and Health

Child's Local Physician _____ Phone # _____

Date of Last Health Check _____ How is your child's health? ☐Good ☐Fair ☐Poor

Does your child have a medical diagnosis? ☐Yes ☐No

Explain _____

Any long term and/or chronic illness? ☐Yes ☐No

Describe _____

How many days a year does your child usually miss school? _____

Usual Reason _____

Any physical limitations and/or adaptive equipment? ☐Yes ☐No

Explain _____

If taking medication regularly, please give name of medication and purpose _____

_____

Past Medical History and Illness (Please check those that apply)

☐Concussion	☐Pneumonia	☐Skin Problems	☐Whopping Cough
☐Headaches	☐Anemia	☐Stomach Aches	☐Polio
☐Eye Problems	☐Sickle Cell	☐Heart Murmur	☐Tuberculosis
☐Wear Glasses	☐Bedwetting	☐Diabetes	☐Diphtheria
☐Hearing Loss	☐Hernia	☐Convulsions/Seizures	☐Scarlet Fever
☐Ear Infections	☐Bladder Infection	☐Red Measles(10 Day)	☐Rheumatic Fever
☐Nose Bleeds	☐Kidney Disease	☐Chickenpox	☐Meningitis
☐Frequent Colds	☐Bone/Joint	☐Mumps	☐Broken Bones
☐Sore Throats	☐Problems	☐Rubella (3 day)	☐ Fainting
☐Low Blood Pressure	☐High Blood Pressure		

Allergies (please describe) _____

Asthma (please describe attacks per year, name of medication) _____

_____

Other illnesses, surgeries, hospitalization (describe) _____

_____

Date _____ Parent/Guardian _____

Relationship to Student _____ Parent/Guardian Phone (Home) _____

(Work) _____

MEDICATION PERMISSION FORM

I, _____, give permission for Messiah Lutheran School office personnel to give my child, _____, the following medication with these instructions:

_____

_____

Parent/Guardian _____

Relationship to Child _____

Date _____