



MONOMOY REGIONAL SCHOOL DISTRICT

Health History

- Harwich Elementary School**
 Chatham Elementary School
 Monomoy Regional Middle School
 Monomoy Regional High School

NAME _____ SEX _____
Last First Middle Name

DOB _____

Date Of Entry _____ Grade Entered _____

Family Physician or Source of Medical Care _____

Address _____ Telephone _____

Family Dentist _____

Address _____ Telephone _____

Does your child have any of the following:

Allergies (food, bee stings/insects, medications) YES _____ NO _____ Please Explain _____
 Epi Pen or other medication needed _____

Asthma YES _____ NO _____ Medication Yes _____ No _____

Seizures/Convulsions YES _____ NO _____ Medication Yes _____ No _____

Diabetes YES _____ NO _____ Medication Yes _____ No _____

Kidney Problems YES _____ NO _____ Medication Yes _____ No _____

Heart Problems YES _____ NO _____ Medication Yes _____ No _____

History of Ear Infections YES _____ NO _____ Tubes Yes _____ No _____ When _____

Hearing Problems YES _____ NO _____ Hearing exam at Dr.'s Office in past year Yes _____ No _____

Specialist Seen _____

Vision Problems YES _____ NO _____ Vision exam at Dr.'s Office in past year Yes _____ No _____

Wears Glasses Yes _____ No _____ Eye Doctor _____

Speech Problems YES _____ NO _____

History of Chicken Pox YES _____ NO _____ Date _____

Hospitalizations/Serious Injuries/Trauma (Please explain, giving dates) _____

Physical Disabilities/Special Needs (Please explain, giving dates) _____

Medications (Please list any medication your child takes (*please note policy on giving medications in school*))

Social/Emotional/Behavioral/Mental Health Concerns _____

Other Medical Information _____

I give permission to the school nurse to share information relevant to my child's health condition with appropriate school personnel when needed to meet my child's health and safety needs. I give permission to exchange information with my child's primary care physician for the purpose of referral, diagnosis and treatment.

Signature of Parent/Guardian