



**TETON COUNTY SCHOOL DISTRICT #1
STUDENT MEDICAL HISTORY**

School

Grade

Date of Admission

Name: _____ Birthdate: _____ Sex: _____

Mother/Guardian: _____ Father/Guardian: _____

Student resides primarily with: _____

Name of Health Care Provider: _____

Name of Dentist: _____

How is health care coverage provided for this student?:

Employment Insurance: _____ Medicaid/Kid-Care: _____ No Insurance: _____ Other: _____

Does your child take medication? Yes No

If yes, name of medication: _____

Does your child have a health problem? Yes No

ADD/ADHD _____ Allergies _____ Asthma _____ Diabetes _____ Hearing _____ Vision _____ Heart/Lung _____

Kidney/Bladder _____ Stomach/Intestinal _____ Emotional/Depression _____ Seizures _____ Neurological _____

Headaches _____ Head Injury (date) _____ Muscle/Bone/Soft Tissue _____

Comments on above: _____

Date of last visit to Health Care Provider: _____ Routine check-up: _____ Illness: _____ Injury: _____

Date of last visit to Dentist: _____ Routine visit: _____ Injury: _____

Has your child ever been hospitalized or had surgery? Explain: _____

Child Development

Complications of pregnancy or delivery? _____

Problems in child development? _____

Crawling/Walking _____ Talking/Speech _____ Toilet Training _____ None: _____

Family History

Does anyone in your family have a history of: (Check and indicate relationship to this child)

Diabetes _____ High Blood Pressure _____ Heart Disease _____ Cancer _____

Learning Problems _____ Mental Retardation _____ Birth Defect _____

Other _____

Siblings	Name	Age	School
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Is there anything more you would like the school nurse to know about your child?

Parent Signature: _____ Date: _____