

RICE LAKE AREA SCHOOL DISTRICT
KINDERGARTEN HEALTH HISTORY

Student's Name: _____ **Birthdate:** _____

Parent Name: _____ **Date:** _____

Please check **yes** or **no** to the following statements that apply to your child.

YES **NO**

1. _____ _____ Allergies (check all that apply):
 _____ Bee Sting Allergy
 _____ Medication (list) _____
 _____ Environmental Allergies (list) _____
 _____ Food (list) _____
 _____ Other (list) _____

How are allergic reactions treated at home? _____ Avoidance Only _____ Benadryl _____ Epi-pen _____ Inhaler
Other _____

2. _____ _____ Asthma
 Asthma triggers (list): _____

Does your child have a prescription for an inhaler or nebulizer? _____ Yes _____ No

3. _____ _____ Bleeding Disorder _____

4. _____ _____ Diabetes Type _____ Age diagnosed: _____

5. _____ _____ Heart Condition _____

6. _____ _____ Seizures: Type _____ Age diagnosed: _____

Date of last seizure: _____ Currently treated with medication ___ Yes ___ No

7. _____ _____ Kidney or Bladder Condition _____

8. _____ _____ Other Chronic Health Condition (list) _____

9. _____ _____ History of Serious Illness _____

10. _____ _____ History of Serious Injury _____

11. _____ _____ Surgery _____

12. _____ _____ Mental Health Concern _____

13. _____ _____ Autism _____

14. _____ _____ Hearing Concerns: _____

_____ Frequent Ear Infections _____ Tubes in Ears

15. _____ _____ Speech Difficulty _____

16. _____ _____ Family history of dyslexia or reading/writing difficulties _____

17. _____ _____ Vision Concerns: _____

_____ Wears Glasses Family History of Vision Problem: _____

18. _____ _____ ADD/ADHD _____

19. _____ _____ Does Your Child Take Any Medication (please list)? _____

_____ Will Your Child Take Medication At School? _____ Yes _____ No

*If medication is required during school hours, complete a medication authorization form, and return to school office.

20. _____ _____ Toilet Trained

History of bed wetting: _____ Yes _____ No

Toileting concerns: _____

21. _____ _____ Other Health Concerns _____
