BELLEVUE CITY SCHOOL
SCHOOL ENTRANCE HEALTH HISTORY

Name_____Grade_____Birth Date_____Sex_____

Daytime Phone #_____ Cell Phone # _____

Health History

Life Threatening Allergic Conditions: (Check all that apply)

( ) Severe allergic reaction to Bee Stings, other insects: _____
( ) Severe reaction to Nut, Peanuts:_____
( ) Severe reaction to other Food Products:_____
( ) Other severe allergies affecting school: _____

Please indicate any of your child's symptoms which would indicate a severe allergy: (Local swelling does not indicate a severe allergic reaction.)

( ) Itching and/or tightness in the throat, hoarseness ( ) Itching or swelling of the eyes, lips, tongue or mouth
( ) Shortness of breath, coughing, and/or wheezing ( ) "Thready pulse", "passing out"/loss of consciousness
( ) Hives

Has your physician prescribed an Epi-Pen or other medicine for a severe life threatening allergy? ( )Yes* ( )No
Specify medication: _____*If you answered "Yes", please contact Health Services, 419-484-5094.

Does your child have a history of any of the following conditions, if yes please circle and explain below:

Developmental Delay	Yes	Heart Disease	Yes	Pre-mature Birth	Yes
Surgeries/Hospitalizations	Yes	Chicken Pox	Yes	Ear Infections or Tubes	Yes
Asthma	Yes	Kidney Disease	Yes	Hearing Problem or Aides	Yes
Blood Disorder	Yes	Nervous System Disorder	Yes	Mental Illness	Yes
Cancer	Yes	Skin Disorder	Yes	Behavioral Problems	Yes
Convulsions/Seizures	Yes	Stomach/Intestinal Disorder	Yes	Head Injury	Yes
Diabetes Type I or Type II (circle one)	Yes	Glasses/Contacts used full-time or for reading only (circle one)	Yes	Currently Under a Doctor's Care	Yes

Please explain any "Yes" answers to the above: _____
_____
_____
Describe any physical condition/disabilities not listed above: _____
_____
Are there any precautions/limitations in school activities Yes/No_____
Family Health History that the school should be aware of_____
_____

Medications: Please list

Name of Medication	Dosage	Time of Day	Reason

I understand that if my child's health status changes, I will provide the Health Services with the updated information at 419-484-5094.

Parent/Guardian Signature_____Date_____