



# Fort Frye Local Schools Health History

510 Fifth St. P.O. Box 1149 Beverly, Ohio 45715 Phone: 740-984-2497 Fax: 740-984-8784

Student Name: \_\_\_\_\_

School of Attendance: \_\_\_\_\_

Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Person Giving History: \_\_\_\_\_

Preschool/Daycare experiences: \_\_\_\_\_

Please List student's siblings:

1. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

2. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

3. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

4. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

5. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

6. \_\_\_\_\_  
 \_\_\_\_\_ Name \_\_\_\_\_ DOB \_\_\_\_\_

Complications during pregnancy (problems with delivery, diabetes, high blood pressure, etc) : \_\_\_\_\_

Multiple Birth:  No  Yes

Premature Birth:  No  Yes (how early) \_\_\_\_\_

### **Medical History:**

- Asthma
- Stomach Problems
- Speech Concerns
- Other medical problem: \_\_\_\_\_
- ADHD
- Head Injury
- Vision Problems
- Seizures
- Orthopedic problems
- Heart Condition
- Diabetes
- Chicken Pox
- Hearing Condition

Medical Treatment for above condition (medication/therapy): \_\_\_\_\_

Restrictions: \_\_\_\_\_

Hospitalizations/Surgeries/Illness: \_\_\_\_\_

### **Medications:**

Required during school hours:  No  Yes\*

**\* Will need to complete Parental/Physician consent to Administer Medication**

Please List: \_\_\_\_\_

### **Allergies**

Medicines: \_\_\_\_\_

Food: \_\_\_\_\_

Animals: \_\_\_\_\_

Insects: \_\_\_\_\_

Recommended treatment for allergies: \_\_\_\_\_

Does the child require an Epi-pen for emergencies:  No  Yes

### **Dental Care:**

- Regular dentist Vists
- Been a while
- Never seen dentist
- Received fluoride treatments