La Center School District
Student Health History 2024/2025 School Year

Student Name: _____ Date of Birth: _____Grade: ____ ☐ Male ☐ Female ☐ X

Parent Name: _____Phone #: _____Teacher: _____Bus#____

INDICATE IF STUDENT HAS BEEN DIAGNOSED BY A LICENSED HEALTHCARE PROVIDER WITH ANY OF THE FOLLOWING:

If your child has a life-threatening condition, state law requires medication and/or treatment orders from a Licensed Health Professional and an Emergency Care Plan tobe in place before your child can attend school. *Please check appropriate boxes below and explain if needed.*

Health Condition	Yes	Explanation if "Yes" checked
Food Allergies	☐	**Food(S): ☐ peanut ☐ tree nut ☐ dairy ☐ eggs ☐ other_____** **Rate the reaction: ☐ mild ☐ moderate ☐ life-threatening** **Does your child require an EpiPen? ☐ yes ☐ no**
Allergy to Bee Stings	☐	**Rate the reaction: ☐ mild ☐ moderate ☐ life-threatening** **Does your child require an EpiPen? ☐ yes ☐ no**
Medication Allergies	☐	**List:**
Allergies (other)	☐	**List:**
Asthma	☐	**Rate the severity: ☐ mild ☐moderate ☐ life-threatening** **Asthma medication taken at home:_____** **Medication required at school:**
Diabetes	☐	**☐Type 1 (insulin Dependent) ☐Type 2** **Diabetes medications(s) taken at home:**
Seizure Disorder	☐	**Type of seizure: Medications:**
Heart Condition	☐	**Specify:**
Cancer	☐	**Specify:**
Blood Disorder	☐	**Specify: Treatment:**
ADD/ADHD	☐	**Medication for ADD/ADHD:**
Mental Health / Behavioral Issues	☐	**Specify:** **Treatment/Medication:**
Orthopedic Condition	☐	**Specify:**
Wears glasses	☐	**☐ For Distance ☐ For Reading**
Hearing Loss	☐	**Hearing Loss ☐ Right Ear ☐ Left Ear ☐ Hearing Aids**

Does your child have any other condition that would affect his/her classroom performance or P.E. activities?

☐ No ☐ Yes if yes, explain: _____

Daily Medication

State law requires written permission from a Licensed Health Professional and parent before any medication (prescription or over-the-counter) can be given at school. A form is available from the school office.

☐ No ☐ Yes Medication needed at school- specify: _____

☐ No ☐ Yes Medication needed at home- specify: _____

☐ No ☐ Yes For daily medication taken at home, would missing 24 hours of this medication pose a health risk to your child or others? If yes, a three-day supply of medication would need to be supplied to the school in case of an emergency (ex. daily asthma, diabetes, seizure, allergy or ADD/ADHD medication).

This information is considered confidential. It will be shared with school staff and emergency responders as needed during the time your child is enrolled in La Center School District in order to ensure the health and safety of your child, unless otherwise requested by you in writing.

Parent/guardian signature: _____ Date:_____