



Community Unit School District 200

Administration and School Service Center

130 West Park Avenue

Wheaton, Illinois 60189-6400

www.cusd200.org

Phone: (630) 682-2000

Fax: (630) 682-2068

STUDENT HEALTH HISTORY/UPDATE

To be completed by parent or guardian

STUDENT'S NAME: _____

BIRTHDATE _____

SEX: MALE FEMALE ID # _____

GRADE: _____

SCHOOL _____

SCHOOL YEAR: 20____-20____

- ALLERGIES** NO YES _____
- FOOD NO YES _____
- OTHER NO YES _____
- USES EPIPEN NO YES _____
- ASTHMA/BREATHING PROBLEMS** NO YES _____
- USES INHALER/NEBULIZER NO YES _____
- DAILY MEDICATIONS** NO YES _____

NAMES OF MEDICATIONS

(Include those taken at home and school. If taken at school, the medication authorization form must be completed and on file.)

- DIABETES** NO YES _____
- EAR/HEARING PROBLEMS** NO YES _____
- EYE/VISION PROBLEMS** NO YES _____
- GLASSES/CONTACTS** NO YES _____
- HEART PROBLEMS** NO YES _____
- HOSPITALIZATIONS** NO YES _____ AGE: _____
- MENTAL HEALTH CONCERNS** NO YES _____
- MUSCULOSKELETAL PROBLEMS** NO YES _____
- NEUROLOGICAL PROBLEMS** NO YES _____
- PHYSICAL RESTRICTIONS** NO YES _____
- SEIZURES** NO YES _____
- SERIOUS INJURIES** NO YES _____ AGE: _____
- SURGERY** NO YES _____ AGE: _____

This pertinent information concerning your child's health may be shared with personnel who interact with your child during the school day (teachers, transportation, emergency personnel, food services, playground supervisors and education staff, etc.) Please contact the school nurse at anytime if you would like to discuss any medical concerns.

Signature of Parent/Guardian

Date