

HEALTH HISTORY

Please keep in mind that the more information you provide us, the better we can serve your student.

Specific Health Problems: (Please check all that apply. This information will be kept in strict confidence.)

Blackouts	___	Frequent Nosebleeds	___	Headaches	___	Fainting	___
Asthma	___	Frequent Colds	___	Dizziness	___	Kidney Problems	___
Seizures	___	Migraines	___	Diabetes	___	Menstrual Problems	___

Other: _____

Allergic Reactions: (Please list all known allergens - and the type and severity of reaction). IF YOUR STUDENT HAS A FOOD ALLERGY THAT REQUIRES IMMEDIATE TREATMENT (epi pen, antihistamine, inhaler) PLEASE ALSO COMPLETE THE FOOD ALLERGY ACTION PLAN FOUND IN THIS PACKET OR ON EDLINE.

Please indicate any other medical problems/situations pertinent to your student:

Are there any physical limitations? ___ If yes, please explain: _____

Please list any medications your student is presently taking (including dosage and frequency, and please list those taken at home as well as at school).

FGRHS's medical policy allows our staff to administer only those medications that you have provided to the school in the *original container* for your student. Please complete a copy of the Waiver of Liability for any medications to be taken at the school, and provide it with the medication. This applies to prescription and over-the-counter medications. If prescription or medical information changes, please make the office aware of these changes as soon as possible. Your signature on the Waiver authorizes our staff to administer medication per instructions given.

FGRHS makes a student address/phone directory available to the parents and student body of the school. If you do not wish to be listed, please check the box below:

I DO NOT wish to be listed in the school directory.