**Medical History Form**

This form must be completed by the parent/guardian and received by The Shenker Academy prior to the child’s first day of attendance in order for the child to participate in any activities. The intent of this information is to provide school staff the background to provide appropriate care. **Any changes** to this form should be provided to The Shenker Academy. Provide complete information so that The Shenker Academy can be aware of your child’s needs.

|  |  |
| --- | --- |
| Child’s Full Name: Click here to enter text. | Date of Birth: Click here to enter text. |
| Parent/Guardian completing form: Click here to enter text. |

**ALLERGIES:** List all known medical or food allergies (please include symptoms or reactions).

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| --- |
| Click here to enter text. |
| Click here to enter text. |

SPECIAL DIET If your child requires a doctor prescribed diet, please indicate diet and reasons

below. (Please attach a sample menu or special food list.)

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**MEDICATIONS BEING TAKEN**

Please list ALL medications (including over the counter or non-prescription drugs) taken routinely. We will administer prescription medications upon the parent/guardian’s completion of the **Authorization for Administration of Medication** form. Bring prescription medications in the original packaging/bottle that identifies the prescribing physician, the name of the medication, the dosage, and the frequency of administration.

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| --- |
| * My child takes NO medication on a routine basis.
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| * My child takes medication as follows:
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| Med #1 Click here to enter text. Dosage Click here to enter text. Times to be given Click here to enter text. |
| Reason for taking Click here to enter text. |
| Med #2 Click here to enter text. Dosage Click here to enter text. Times to be given Click here to enter text. |
| Reason for taking Click here to enter text. |
| Med #3 Click here to enter text. Dosage Click here to enter text. Times to be given Click here to enter text. |
| Reason for taking Click here to enter text. |

**GENERAL QUESTIONS** Circle Y for yes or N for no for the participant (Explain “yes” answers below.)

|  |  |
| --- | --- |
| 1. 1. Have a chronic or recurring illness/condition [ ] Y [ ]  N
 | 11. Ever passed out during or after  Exercise [ ] Y [ ]  N |
| 1. 2. Ever had high blood pressure
2. [ ] Y [ ]  N
 | 12. Ever been dizzy during or after  exercise [ ] Y [ ]  N |
| 1. 3. Ever been hospitalized
2. [ ] Y [ ]  N
 | 13. Have any skin problems (itching,rash, acne, etc) [ ] Y [ ]  N |
| 1. 4. Ever been diagnosed with a heart murmur
2. [ ] Y [ ]  N
 | 14. Ever had chest pain during or after exercise [ ] Y [ ]  N |
| 1. 5. Has frequent headaches
2. [ ] Y [ ]  N
 | 15. Have diabetes [ ] Y [ ]  N |
| 6. Ever had back problems  [ ] Y [ ]  N | 16. Ever had seizures [ ] Y [ ]  N |
| 7. Ever had a head injury  [ ] Y [ ]  N | 17. Ever had an eating disorder [ ] Y [ ]  N |
| 8. Wear glasses, contacts, or protective eye wear [ ] Y [ ]  N | 18. Have asthma [ ] Y [ ]  N |
| 1. Ever had frequent ear infections

 [ ] Y [ ]  N | 19. Have emotional difficulties for which professional help was sought?  [ ] Y [ ]  N |
| 10. Have an orthodontic appliance being brought to school [ ] Y [ ]  N | 20. Have a history of bedwetting [ ] Y [ ]  N |

Please explain any “yes” answers noting the number of the questions.

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

Use the space below to provide any additional information about the participant’s behavior and physical, emotional, or mental health about which the school should be made aware.

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

Explain any restrictions of participation in school activities:

|  |
| --- |
| Click here to enter text. |
| Click here to enter text. |
| Click here to enter text. |

**Parent/Guardian Authorization:** This health history is correct and complete as far as I know. I agree to notify The Shenker Academy if any changes occur in my child’s medical condition before arriving to school. The child herein described has permission to engage in all school activities except as noted above.

Parent Signature Click here to enter text. Date Click here to enter text.