

Maize USD 266 Health History

Student Name _____ Gender _____ M _____ F _____
 Date of Birth _____ Grade _____ School _____
 Parent Name _____ Phone _____
 Preferred Hospital _____

HEALTH CONDITIONS (check all that apply)	
ADD/ADHD	Diabetes
Allergies: Environmental	Eating Disorder
Allergies: Food	Endocrine Disorder
Allergies: Medications	GI Disorder
Arthritis/Connective Tissue	Genetic Disorder
Asthma	Headaches (type)
Behavior/Emotional	Hearing Impaired Hearing Aid: Yes No
Blood Disorder	High Blood Pressure
Brain/CNS Disorder	Musculoskeletal Disorder
Cancer	Seizure Disorder
Cardiovascular	Skin Disease
Cerebral Palsy	Spina Bifida
Cystic Fibrosis	Urinary/Kidney Disease
Dental	Visually Impaired Glasses: Yes No
Developmental Delay	Other (please list)

Please fully explain any answers checked above (include severity and symptoms of any allergies) _____

Please list any medication the student takes on a regular basis. **Medications taken at school will require additional paperwork.**

Please list any other factors that the school nurse, counselor or your child’s teacher(s) should know of which might affect the student’s school experience on the back of this form. Health information will be shared with staff that has contact with your student.

Medical examinations: A school health assessment (physical exam) performed by a licensed health care provider is required for all students up to the age of 9 who are entering a Kansas school for the first time. This exam must have been completed by a private practitioner or at a county health department within 12 months prior to school entry.

Immunizations: As required by Kansas Immunization Law (K.S.A. 72-5209), each school year every student enrolling in school or enrolled in any school for the first time, prior to admission and attendance at school, shall present proof that the student has received such tests and inoculations as are deemed necessary. **All** students will need adequate proof of diphtheria, pertussis, tetanus, polio, measles, mumps, rubella, varicella and hepatitis B. Students who have not completed the required inoculations may enroll or remain enrolled while completing the required inoculations if a physician or local health department certifies that the student has received the most recent appropriate inoculations in all required series. Failure to complete all required immunizations within 90 days shall be deemed non-compliance. As an alternative to the certification required, Kansas offers two exemptions: 1) an annual medical exemption may be signed by a licensed physician or 2) a religious exemption signed by the parent.

Failure to present certification by a licensed physician or health department that your child has fulfilled these requirements shall be grounds for exclusion until such requirements have been satisfied. All new students are required to submit a health history that has been completed by a parent or guardian as part of the enrollment process.

I hereby certify that I have read and understand the above school admission requirements for my child. I also give permission for the school immunization record to be released to the Kansas Immunization Program for the purpose of assessment, reporting and prevention of disease.

Parent Signature _____ Date _____