



HAMPSTEAD ACADEMY

STUDENT HEALTH HISTORY

Parent Form

1. Child's Name: _____ Age: _____ Date of Birth: _____

2. Has a physician or healthcare provider ever told you that your child has any of the following?

If yes, please indicate the date:

ADD/ADHD _____ Congenital Heart Defect _____ Bleeding Disorder _____

Asthma _____ Diabetes _____ Meningitis _____

Anxiety _____ Ear Infections _____ Orthopedic Issues _____

Arthritis _____ Eczema _____ Pneumonia _____

Bowel Problems _____ Cancer _____ Seizures _____

Bronchitis _____ Frequent Nosebleeds _____ Strep Infections _____

Chicken Pox _____ Gastrointestinal Issues _____ Urine/Kidney Condition _____

Psychiatric Issues _____ Other _____

3. Has a physician or health care provider ever told you that your child has allergies to any of the following? If yes, please list along with any medication that is prescribed:

Food _____

Drugs _____

Environmental _____

Bee Stings _____

Other _____

4. Operations and Injuries:

Please list below any operations or injuries with dates and results: _____



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5. Please list all medication your child takes on a regular basis:

Medication:	Dose:	Time Given:	Reason:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[If your child should need to have scheduled medication during school hours, we will need a written order from your physician]

6. Does your child have a Primary Care Provider? (Y/N) _____. If yes, please provide:

Name: _____ Date of last physical: _____

7. Has your child needed to see a medical specialist in the past year? If yes, please explain:

8. Does your child have a Dentist? (Y/N) _____. If yes, please provide:

Name: _____ Date of last visit: _____

9. Does your child wear eyeglasses? (Y/N) _____.

Has your child ever had a professional eye exam? (Y/N) _____. If yes, please give date: _____.

10. Has your child ever had any problems with his/her hearing that you are aware of?

(Y/N) _____. If yes, please explain: _____.

11. Does your child have any other health/medical/emotional or social problems that you feel we should be aware of?

Please attach a copy of your child's most recent immunizations.

Parent Signature: _____ Date: _____

Please Note :An annual physical exam is required of all children in Pre K-8. (Children who will participate in the upper school sports program are also required to have an annual exam)