Print Form

ALL SERVICES ARE PROVIDED BY LICENSED PROFESSIONALS
THE SCHOOL HEALTH CENTER SERVICES WILL BE PROVIDED ONLY WITH THIS CONSENT SIGNED BY THE PARENT/LEGAL GUARDIAN.

School-Based Health Centers offer the following services:
♦Primary and preventive health care ♦comprehensive history and physical examinations ♦immunizations
♦health screenings ♦laboratory/diagnostic testing ♦acute care for minor illness and injury
♦management of chronic diseases ♦behavioral health services ♦health education and prevention programs
♦case management ♦referral and follow-up for emergencies ♦referral to specialty care

HOSPITALIZATION INFORMATION

Has you child ever been admitted into a hospital or had surgery? ☐ YES ☐ NO
If YES, when? _____ WHY? _____

Please mark the item(s) that apply to your child's medical history.

☐ Asthma ☐ Nervous/Mental Disorder ☐ Endocrine (Diabetes, Thyroid, Pituitary)
☐ Allergy ☐ Heart Disease or Murmur ☐ Infection Disease (Hepatitis, HIV, TB,meningitis)
☐ Tonsillitis ☐ Ear or Sinus Infections ☐ Missing Organ (Kidney, Eyes, Testicles)
☐ Seizures ☐ Hearing or Speech Problems ☐ Blood Disorders (Anemia, Sickle Cell, Hemophilia)
☐ Kidney Disease ☐ Vision Problems ☐ Genetic Disorders or Birth Defects
☐ Skin Problems ☐ Substance Abuse ☐ Major Injuries _____
☐ Been restricted from sports/PE for medical reasons ☐ other(specify) _____

Please describe any item marked _____

Has your child ever had the Chickenpox? _____

Female: lists dates for: First menstrual period _____ Last mentstrual period _____

Family History

Please mark the item(s) that apply to your family's history (brothers, sisters, parents &grandparents)

☐ Cancer ☐ Nervous/Mental Disorder ☐ Genetic Disorder ☐ Stroke
☐ Asthma/Allergy ☐ Heart Disease ☐ Sickle Cell ☐ Diabetes
☐ Seizures ☐ High Blood Pressure ☐ TB ☐ Anemia
☐ Substance Abuse ☐ other (specify) _____

Please describe any item Who/When: _____