

BARBERS HILL INDEPENDENT SCHOOL DISTRICT

Health Inventory

CAMPUS _____ SCHOOL YEAR _____ GRADE _____

Parent/Guardian: Please fill in this form and be aware that the information given on this form may be shared with appropriate school staff in order to have a better understanding of the health status of your child.

NAME _____ SEX _____ BIRTHDATE _____ BIRTH WEIGHT _____

DISEASE HISTORY	YES	NO	DISEASE HISTORY	YES	NO
ADD, ADHD			Ear Infections/Hearing Problems		
Allergy (specify)			Eating Disorder		
Arthritis			Headaches		
Asthma (specify)			Heart/Cardiovascular Disease		
Autism			Measles		
Bladder/Kidney Infections			Muscular Dystrophy		
Brain Injury			Orthopedic		
Cancer			School Phobia		
Cerebral Palsy			Seizures		
Chickenpox Date of illness: _____			Spina Bifida		
Cystic Fibrosis			Supplemental Oxygen		
Depression			Tourette's Syndrome		
Diabetes			Ventriculo-Peritoneal Shunt		
Down's Syndrome			Vision Problems/Glasses/Contacts		
Other Conditions/Accidents (Give date and reason)					
Hospitalizations/Surgeries (Give date and reason)					

Is your child currently under any type of medical care? Yes _____ No _____

Restrictions due to above conditions (Provide note from child's doctor): _____

Is your child taking any medication? Yes _____ No _____

Please list all medications _____
 (All medications administered at school require completion of additional paperwork.)

Reason for medications _____

Name of doctor/clinic _____

Is there anything special you wish to bring to our attention? _____

Health screenings, conducted at various grade levels, include height, weight, vision, hearing, scoliosis, dental checks, and Acanthosis Nigricans. Growth and development classes are offered in the 5th grade level. There is a nurse on the faculty of each school. Please feel free to consult her about the health of your child.

___ Yes, my child may have the health screenings offered. ___ No, my child may not have the following health screenings:

My child may attend the growth and development class in the 5th grade. ___ Yes ___ No

Date _____

Parent/Guardian's Signature _____