



# Happy Valley School

7140 W. Happy Valley Road  
 Peoria, Arizona 85383  
 (623) 376-2900 \* Fax (623) 376-9030

★ Character   ★ Leadership   ☆ Academic Success

## Confidential Health History School Year 2021-2022

***IF NO changes to your child's health history, you DO NOT need to fill out this form. Fill out first box below (name/grade, etc.). Sign and date here: \_\_\_\_\_ Date: \_\_\_\_\_***

<b>Student Last Name:</b>	<b>First Name:</b>	<b>Middle:</b>	<b>Grade Level Entering:</b>
<b>Address:</b>	<b>City:</b>	<b>Zip:</b>	<b>Date of Birth:</b>

**Please check all that apply, enter information regarding any health issues that needs to be discussed with the school nurse and your child's teacher, and indicate if your child is under a physician's care.**

<b>VISION/HEARING/SPEECH</b>					
Wears Glasses:	Yes	No	Date of Last Eye Exam:	Describe Any Speech Related Problems:	
Wears Contacts:	Yes	No	Other Eye Problem:		
For Distance:	Yes	No	Hearing Loss:      Yes      No		
For Reading:	Yes	No	Hearing Aid:        Yes      No		
Color Blind:	Yes	No			

<b>ALLERGIES</b>					
Environmental:	Yes	No	Medication:	Yes	No
List:			List:		
Food:	Yes	No	Insect Stings:	Yes	No
List:			List:		
			Other:	Yes	No
			List:		
			Epipen:	Yes	No

<b>STUDENT HEALTH HISTORY</b>					
ADD:	Yes	No	Emotional/Psychological Concerns:	Yes	No
ADHD:	Yes	No	Describe:		
Anemia:	Yes	No	Head Injury/Concussion:	Yes	No
Asthma:	Yes	No	Heart Condition:	Yes	No
Inhaler at School:	Yes	No	Describe:		
SVN Treatment at School:	Yes	No	Hemophilia:	Yes	No
Bronchitis:	Yes	No	Hepatitis or Liver Problem:	Yes	No
Pneumonia:	Yes	No	Hernia:	Yes	No
Other Respiratory Problems:	Yes	No	High Blood Pressure:	Yes	No
Describe:			Juvenile Arthritis:	Yes	No
Blood Disorder:	Yes	No	Neurological Condition:	Yes	No
Describe:			Describe:		
Cancer:	Yes	No	Neuromuscular Condition:	Yes	No
Type:			Describe:		
Chicken Pox:	Yes	No	Nosebleeds:	Yes	No
Cystic Fibrosis:	Yes	No	Frequency:		
Diabetes:	Yes	No	Scoliosis:	Yes	No
Glucose Monitoring:	Yes	No	Seizure Disorder:	Yes	No
Ear Infections:	Yes	No	Describe:		
Ear Tubes:	Yes	No	Sickle Cell Anemia:	Yes	No
Eczema:	Yes	No	Strep:	Yes	No
Psoriasis:	Yes	No	Urinary/Bladder/Kidney Condition:	Yes	No
Other Skin Conditions:	Yes	No	Describe:		



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DOB: \_\_\_\_\_

<b>STUDENT HEALTH HISTORY (continued):</b>
Any Dietary Restrictions:
Please List Surgeries/Hospitalizations and Dates:
List All Medications Your Child Is Taking:
Will Medications Be Taken At School?    Yes    No
Medication Is For?
OTHER HEALTH PROBLEMS:

- ✓ *All medications must be brought to school by an adult in the original prescription container with dosages and instructions, physician's name and telephone number, expiration date, etc.*
- ✓ *A parent-signed consent form for administration of medication at school must be on file with the nurse.*
- ✓ *Students may not have medications of any kind in their possession at school at any time.*

Are your child's immunizations up-to-date?    Yes    No

Immunizations must be current by August 31<sup>st</sup> or the first day of school attendance. Please see the list of required immunizations and schedule on the Maricopa County Department of Public Health website or call (602) 263-8856 for requirements and free clinic hours.

I certify that the information above and all health-related information is correct, current and complete.

Print Name: \_\_\_\_\_

Parent Signature: \_\_\_\_\_

Date: \_\_\_\_\_