

# Student Health History Form

## (FOR THE 2018-2019 SCHOOL YEAR)

Once you have logged in and linked your students to your account, select a student.

Click Submit & View Online Forms [Submit & View Online Forms](#)

Select Student Health History

For each of the forms listed below, you may review the form, fill out the information requested, and submit your responses to the district for approval electronically.

### Back To School Forms

Form Name/Title	Status
<a href="#">Student Demographics and EMA</a>	
<a href="#">Student Health History</a>	New/Not Yet Started

### Part 1: Student Demographic Information

Student demographic information will be displayed.

### Part 2: Review & Provide Student's Health History

#### Part Two: Review & Provide Student's Health History

**Health Conditions:** Please check any/all that this child has had:

<input type="checkbox"/> Allergies <input type="checkbox"/> Anaphylactic reaction <input type="checkbox"/> Asthma or wheezing <input type="checkbox"/> Attention Deficit Disorder <input type="checkbox"/> Behavior concerns <input type="checkbox"/> Birth/ congenital malformations <input type="checkbox"/> Blood problems <input type="checkbox"/> Bone/ joint problems <input type="checkbox"/> Bowel problems <input type="checkbox"/> Cancer	<input type="checkbox"/> Chickenpox <input type="checkbox"/> Cystic fibrosis <input type="checkbox"/> Diabetes <input type="checkbox"/> Ear problems/hearing difficulty <input type="checkbox"/> Eczema/ skin conditions <input type="checkbox"/> Emotional concerns <input type="checkbox"/> Eye problems/ poor vision <input type="checkbox"/> Frequent headaches <input type="checkbox"/> Frequent sore throats <input type="checkbox"/> Head injury, any type	<input type="checkbox"/> Heart problems <input type="checkbox"/> Hepatitis <input type="checkbox"/> Juvenile arthritis <input type="checkbox"/> Kidney disease <input type="checkbox"/> Meningitis/ Encephalitis <input type="checkbox"/> Seizures/ Epilepsy <input type="checkbox"/> Speech problems <input type="checkbox"/> Toothaches/ dental problems <input type="checkbox"/> Urinary tract infections <input type="checkbox"/> Wetting during day or night
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Check if Not Applicable

Injuries, Illnesses & Hospitalizations:

Current Health and existing conditions:

Does your child need special assistance at school?

Click here if not applicable

Is your child enrolled in a special education class? **Yes** ▾

Allergies	Reaction	Recommended Treatment if Severe
<input type="checkbox"/> Bee/Insect	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Food	<input type="text"/>	<input type="text"/>
<input type="checkbox"/> Medication	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>

Medications:	Taken for	How often? What time?
1. <input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>

Family Medical History List family member, relationship to student, birth date and significant health concerns.			
Name	Relationship	Birth Date	Health Concern
1. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
2. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
3. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
4. <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**Please complete as much information as possible. Do not enter NA, NONE or any other Non-medical information.**

### Part 3: Electronic Signature & Authorization

Type in your name - Parent/Guardian Electronic Signature. Finally, be sure to click **| Save and Submit to the District |** button.

#### Part Three: Agreement, Electronic Signature & Authorization

"I agree to complete and submit through electronic means this Student Health History Form and such other forms, documents and questionnaires as the school district may require."

Digital Signature of Parent/Guardian

Date

"Pursuant to R.C. 1306.01 to 1306.23 of the Ohio Revised Code, the parties have agreed to receipt and transmission of an Emergency Medical Authorization Form in an electronic format. Under Ohio law, an electronic record and signature satisfies applicable legal requirements and may not be denied full and unconditional legal effect or enforceability solely because it is in electronic form."

[Save](#) [Save & Submit to District](#) [Go Back](#)