



# Fonda-Fultonville

## CENTRAL SCHOOL DISTRICT

*A Legacy of Families First*

### HEALTH HISTORY

NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_ GRADE: \_\_\_\_\_

**MEDICAL HISTORY:** If your child had or currently has any of the following, please check the box, and provide pertinent information on the back of this page.

Allergies: ☐ Bee Sting Allergy: ☐ Food Allergy: ☐ Asthma: ☐ Diabetes: ☐ Seizure Disorder: ☐  
Head Injury: ☐ Frequent/Chronic Headaches: ☐ Ear Condition: ☐ Eye Condition: ☐  
Glasses or Contacts: ☐ Heart Condition: ☐ Nose Bleeds: ☐ Dental Condition: ☐  
Pneumonia/Bronchitis: ☐ Contact with TB: ☐ Chicken Pox: ☐ Stomach Condition: ☐  
Bowel Condition: ☐ Urinary Tract Condition: ☐ Skin Condition: ☐ Bone and Joint: ☐ Rheumatic Fever: ☐  
Serious Injury/Operation: ☐ Health Concern not mentioned: ☐ Physical Activity Restrictions: ☐  
Medications at home: ☐ Medications at School: ☐

**\*\*\*For all medications provided in school, prescription or over the counter, a provider order and the Medication Request form need to be filled out.\*\*\***

Health Care Provider: \_\_\_\_\_ Last Seen: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Health Care Provider's Address and Phone Number: \_\_\_\_\_

Eye Doctor: \_\_\_\_\_ Last Seen: \_\_\_\_\_ Recommendations: \_\_\_\_\_

Ear, Nose, & Throat Doctor: \_\_\_\_\_ Last Seen: \_\_\_\_\_ Recommendations: \_\_\_\_\_

Please check, if you prefer your child's health exam to be performed by your own provider \_\_\_\_\_. A copy of the health exam needs to be sent in to the Health Office. **If no record of a physical is obtained by October 1st, a physical will be completed at school.**

**I agree to emergency medical treatment as deemed necessary by school officials.**

**Parent/Guardian Signature & Date:** \_\_\_\_\_

☐ I give permission for the nurses to share appropriate health information on an as needed basis.

☐ I do **NOT** give permission for the nurse to share health information.

**Parent/Guardian Signature and date:** \_\_\_\_\_

Please reach out to the nurses with questions or concerns, Phone: 518-853-3332, ext. 5010 Fax: 518-853-4426

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