

**DERRY COOPERATIVE SCHOOL DISTRICT**  
**Derry, NH 03038**

School \_\_\_\_\_

**STUDENT HEALTH HISTORY**

**PARENTS** : Please complete all of the following sections:

1. **Child's Name:** \_\_\_\_\_ **Age:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

2. **Pregnancy and Birth History:**

Were there any complications in your child's birth? Y\_\_\_\_, N\_\_\_\_. If yes, please explain:

\_\_\_\_\_

Was the pregnancy full term? Y\_\_\_\_, N\_\_\_\_. Number of weeks gestation? \_\_\_\_\_.

Birth weight of child: \_\_\_\_\_.

3. **In general, would you say your child's health is-**

Excellent \_\_\_\_ Very Good \_\_\_\_ Good \_\_\_\_ Fair \_\_\_\_ Poor \_\_\_\_

4. **Is there any reason you feel that your child cannot fully participate in all school activities?** Y\_\_\_\_, N\_\_\_\_

If yes, please explain: \_\_\_\_\_

5. **Has a physician or healthcare provider ever told you that your child has any of the following? If yes, please indicate the date:**

ADD/ADHD _____	Congenital heart defect _____	Bleeding disorder _____
Asthma _____	Diabetes _____	Meningitis _____
Anxiety _____	Ear Infections _____	Orthopedic issues _____
Arthritis _____	Eczema _____	Pneumonia _____
Bowel problems _____	Cancer _____	Seizures _____
Bronchitis _____	Frequent nosebleeds _____	Strep infections _____
Chicken Pox _____	Gastrointestinal issues _____	Urine/kidney condition _____
Psychiatric issues _____		Other _____

6. **Has a physician or health care provider ever told you that your child has allergies to any of the following? If yes, please list along with any medication that is prescribed.**

Food \_\_\_\_\_

Drugs \_\_\_\_\_

Environmental \_\_\_\_\_

Bee Stings \_\_\_\_\_

Others \_\_\_\_\_

7. **Operations and Injuries:**

Please list below any operations or injuries with dates and results: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**OVER\_**

8. Does your child have any other health /medical / emotional or social problems that you feel we should be aware of?

---

---

9. Please list all medication your child takes on a regular basis:

Medication	Dose	Time Given	Reason
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

[If your child should need to have medications during school hours, we will need a written order from your physician. Please see your school nurse.]

10. Does your child have a Primary Care Physician? Y\_\_\_\_\_, N\_\_\_\_\_. If yes, please provide: Name: \_\_\_\_\_ Date of last physical \_\_\_\_\_.

11. Has your child needed to see a medical specialist in the past year? If yes, please explain:

---

12. Does your child have a Dentist? Y\_\_\_\_\_, N\_\_\_\_\_. If yes please provide the name of dentist: \_\_\_\_\_ Date of last visit: \_\_\_\_\_.

13. Does your child wear eye glasses? Y\_\_\_\_\_, N\_\_\_\_\_. Has your child ever had a professional eye exam? Y\_\_\_\_\_, N\_\_\_\_\_. If yes, please give date: \_\_\_\_\_.

14. Has your child ever had any problems with his hearing that you are aware of? Y\_\_\_\_\_, N\_\_\_\_\_. If yes, please explain: \_\_\_\_\_.

While your child is a student within the Derry Cooperative School District, the Registered School Nurse, using appropriate nursing knowledge, judgment and assessment skills, may determine that your child could possibly benefit from the use of wound cleansers, antibiotic cream, cough drops, Chloraseptic throat spray, Calamine or Caladryl cream, and/or Orajel. These medications would only be given to those students with minor complaints who are otherwise in good health. If your child seems to need any of these medications more often than occasionally, the nurse may notify the parent and may suggest a physician evaluation. Tylenol may be given only with written parental permission on a form updated yearly. The form is available on the district website, or through your school nurse. According to School Board Policy, all other medications require a physician order (as stated above), as well as parental permission .

**Parent**

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

ED 311.01 requires that all children, prior to entering public school, shall be **immunized** in accordance with the requirements adopted by the Commissioner of the Department of Health and Human Services.

ED 311.03 further requires that there be a complete **physical examination** that has been performed within the past year prior to the date of entry into the public school system.