ESSEX COMMUNITY SCHOOL DISTRICT
2025-2026 ANNUAL HEALTH HISTORY

Dear Parent/Guardian: Your child's success in school depends to a great extent on his/her physical well-being. In order to better care for your child here at school, we request that you complete this form each year to update your child's health records. Thank you!

Student Name _____ **DOB** _____ **Grade** _____

Present and/or Past Health Problems or Illness: Has a doctor told you that your child has any of the following conditions?

Allergies: _____

If yes, does the student require the use of an Epipen? _____

ADD/ADHD _____ Mental Health Problems _____

Asthma _____ (if yes, Asthma Action Plan is required) Vision Problems _____

Bone/Joint/Muscle concerns _____ Seizures _____

Cancer _____ Diabetes _____ Type I or II

Dental Problems _____ Serious illness in last year _____

Dizziness/Fainting _____ Serious accident in last year _____

Head injury _____ Surgeries _____

Hearing Difficulty _____ Heart Problems _____

Does your child take any medications regularly? If yet, please include the name, frequency, and reason for use.

_____

If your child needs to take any medications during school hours, a permission form will need to be filled out for each medication.

_____

Does your child have any restrictions? _____
(Activity restrictions greater than one day need a written note from a physician).

Does your child have any assistive devises? (glasses, hearing aids, etc.) _____

Does your child have any emotional, social, or other conditions that may his/her school performance? _____

_____

Is your child covered by health insurance? _____ Dental Insurance? _____

Do you give the school nurse permission to contact your family doctor/dentist? Yes No

Family Doctor Name_____ Phone # _____

Dentist Name _____ Phone # _____

Hospital Preference _____

If a hospital emergency should arise, I agree to assume full financial responsibility for my child's medical care. I understand that I am responsible for updating this information as needed. This information is confidential but may be shared with the appropriate school personnel as necessary.

Signature: _____ Date: _____

Relationship to student:_____