



Madison Local School District
Student Health Questionnaire

School NES SES MMS MHS MPK

Child's Name: \_\_\_\_\_ Grade: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone Numbers: Home - \_\_\_\_\_ Cell - \_\_\_\_\_ Work - \_\_\_\_\_

Medical History: Has your child had any of the following illnesses? If so, give approximate dates.

Chicken Pox - \_\_\_\_\_ Measles (Rubeola) - \_\_\_\_\_ German Measles - \_\_\_\_\_
Mumps - \_\_\_\_\_ Polio - \_\_\_\_\_ Eczema - \_\_\_\_\_
Asthma - \_\_\_\_\_ Heart Condition - \_\_\_\_\_ Rheumatic Fever - \_\_\_\_\_
Frequent Colds - \_\_\_\_\_ Sore Throats - \_\_\_\_\_ Diabetes - \_\_\_\_\_
Allergies - Foods (please list) \_\_\_\_\_
Bee Stings - \_\_\_\_\_ Other - \_\_\_\_\_

Explain symptoms & treatment - \_\_\_\_\_

Is your child on any medications? No Yes If yes, Explain \_\_\_\_\_
List all medications and dosage \_\_\_\_\_

Convulsions / Seizures No Yes If yes, Explain \_\_\_\_\_
Hospitalizations (reasons & dates) \_\_\_\_\_
Serious illness or injuries \_\_\_\_\_
Orthopedic Problems \_\_\_\_\_

Ear Problems No Yes Tubes? No Yes Hearing Difficulty? No Yes
\*\*Speech Difficulty? No Yes Has Child ever attended speech classes? No Yes
If Yes, when and where? \_\_\_\_\_

Vision Problems? No Yes Explain any Corrections \_\_\_\_\_

Other Medical Conditions (cancer, hepatitis, bleeding disorder, etc.) \_\_\_\_\_

Has any member of the immediate family had any of the following? Diabetes - No Yes Tuberculosis - No Yes

List any new immunizations your child has received in the past year \_\_\_\_\_

I authorize school personnel to apply topical treatments such as Bactine, Calamine Lotion, Vaseline or hand lotion for minor injuries, abrasions, cuts, insect bites or poison ivy.

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_