



Health History

(School Year _____)

The school requires that this form be **completed by the student's parent annually** to ensure that we understand your child's health care needs. **Please return this form to the Health Center by the first day of the new school year.**

Student Name _____ **Grade** _____
Last First Middle

<p>Elementary Students: Parental Permission Required Permission to dispense Tylenol (Acetaminophen) Yes___ No___ Permission to dispense Ibuprofen Yes___ No___ <i>Parents of Elementary Students will be contacted if medication is dispensed.</i></p> <p>Middle and High School Students: Parental Permission Not Required Tylenol or Ibuprofen is available upon request as needed for fever, or pain. Please indicate if you do not wish for your child to be given any medication. Please do not dispense:_____</p> <p style="text-align: center;">* * All students will receive emergency treatment unless otherwise specifically requested * *</p>
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Emergency Contact Information in Japan: (other than parents)

Name: _____ Relationship: _____
Home Phone # _____ Cell Phone # _____

	Yes	No	List Medications / Limitations / Concerns / Description
Asthma			
ADD / ADHD			
Heart Disease			
Seizures			
Diabetes			
Major Surgery/Accidents			
Allergies - Drugs			
- Food			
-Other			
Congenital Anomalies			
Other Health Concerns			

For **Returning Students**: Immunization Records are Current Yes___ No___

For **New Students or any changes** please complete the following:

Diphtheria / Pertussis / Tetanus (DPT) First Series _____
 Tetanus / Diphtheria (Td) or (TD) Booster _____
 Oral Polio (last dose) _____
 Measles / Mumps / Rubella (MMR) _____ Hep. B _____(last dose)
 Rubeola (Red Measles) Live Virus Vaccine _____ BCG _____
 Rubella (3-Day or German Measles) _____ Last TB test _____
 Mumps _____
 Others _____