

# STUDENT HEALTH HISTORY

PUTNAM CITY SCHOOLS  
Oklahoma City, Oklahoma

To be completed by parent or guardian at time of enrollment.

Date of enrollment \_\_\_\_\_ Grade \_\_\_\_\_

1. Name of Pupil \_\_\_\_\_ Sex \_\_\_\_\_ Birthdate \_\_\_\_\_  
(Last) (First) (Middle)

2. Address \_\_\_\_\_ Zip \_\_\_\_\_ Home phone \_\_\_\_\_

3. Parent/Guardian/Father \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

Parent/Guardian/Mother \_\_\_\_\_ Work phone \_\_\_\_\_ Cell phone \_\_\_\_\_

4. Person to call if parent not available 1. \_\_\_\_\_ Phone \_\_\_\_\_  
**Local Residents Please**

2. \_\_\_\_\_ Phone \_\_\_\_\_

5. Physician \_\_\_\_\_ Phone \_\_\_\_\_ Hospital preference \_\_\_\_\_

## HEALTH HISTORY AND CONDITIONS

	Year		Year		Year
<b>ADD / ADHD</b>		<b>DIABETES</b>		<b>SKIN DISEASE</b>	
<b>ALLERGIES:</b> List all below		<b>DISABILITIES</b>		<b>SPEECH</b>	
Food allergies:		<b>EARACHES</b> , chronic		<b>STOMACH DISORDERS</b>	
Medication allergies:		<b>EMOTIONAL PROBLEMS</b>		<b>SURGERY</b>	
Environmental allergies:		<b>HEADACHES</b>		<b>TONSILLITIS</b> , chronic	
Animal allergies:		<b>HEART CONDITION</b>		<b>TUBERCULOSIS</b>	
Latex allergies:		<b>KIDNEY</b>		<b>OTHER</b>	
Other allergies:		<b>PNEUMONIA</b>		<b>VISION:</b> Glasses ____yes ____no Contacts ____yes ____no	
<b>ARTHRITIS</b>		<b>POST POLIO SYNDROME</b>		<b>MEDICATIONS TAKEN REGULARLY</b>	
<b>ASTHMA</b>		<b>RHEUMATIC FEVER</b>		Purpose	Drug Dose
Asthma Triggers:		<b>SCARLET FEVER</b>			
<b>CANCER</b>		<b>SEIZURES</b>			
<b>CHICKENPOX</b>		Last Seizure date:			
<b>DEFORMITIES</b>		<b>SINUSITIS</b> , chronic			

Additional comments (use back of form if needed) \_\_\_\_\_

Putnam City School(s) Previously Attended, Date(s) \_\_\_\_\_

**“I authorize Putnam City Schools to share my student’s health information with all necessary P.C. personnel.”**

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