



SOUTHERN WESTCHESTER BOCES

BOARD OF COOPERATIVE EDUCATIONAL SERVICES

Student Name: _____ School Main Phone: _____
District: _____ Nurse's Office Phone: _____

HEALTH HISTORY

Doctor's Name: _____

Telephone #: _____

Is student taking medication? _____ If so, why? _____

Name of Medication(s): _____

Dosage? _____

Frequency? _____

Student has the following condition(s) which require special consideration in an emergency:

Any Physical Reaction(s)? _____

*****Please provide a prescription order from doctor for medication administration prior to start date*****

Has student had any of the following?

Epilepsy	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so: Grand Mal <input type="checkbox"/> Petit Mal <input type="checkbox"/>
Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Type: _____ Acuteness: _____ Presents with: _____
Bee Sting	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, indicate treatment:
Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Oral Med. <input type="checkbox"/> Injection <input type="checkbox"/> Hospital
Heart Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Loss of Consciousness	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Head Injury	<input type="checkbox"/> Yes <input type="checkbox"/> No	If so, date of injury: _____
Kidney Disease	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Blood Pressure Problem	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Vision Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Hearing Impairment	<input type="checkbox"/> Yes <input type="checkbox"/> No	

Date of last Tetanus Injection? _____

Other medical information: _____

I have read the above information and answered the questions to the best of my knowledge.

I am the parent/guardian of the child named on this application. In the event he/she needs emergency treatment and I cannot be reached, I request the emergency treatment be administered at the nearest hospital.

PARENT/GUARDIAN SIGNATURE

DATE