The Putney School SUMMER ARTS

418 Houghton Brook Road • Putney, VT • 05346

summernurse@putneyschool.org • (802) 387-6221 • f (802) 387-6228

2019 STUDENT HEALTH HISTORY

Completed by parent / guardian. Please use following page as needed for additional information.

Student Name:_____ **Date of Birth (month/day/year):**_____

Drug Allergies:_____ ❑ **No Known Drug Allergies**

Other Allergies:_____

Epi-pen: Yes/No Inhaler: Yes/No Other Emergency Medication: _____

Please note that it is recommended that students bring at least 2 epi-pens/inhalers/etc. One to have with them, one to store in Health Services.

Current Medications: _____

(in addition to listing here, prescriber must complete and return Medication Order form)

Does or has your child ever:	YES	NO	If yes, please explain and include dates
Had an ongoing medical condition?	❑	❑	
Seen a medical specialist?	❑	❑	
Had an allergic reaction?	❑	❑	❑ food ❑ environmental ❑ insect ❑ medication ❑ other
Been hospitalized or had surgery?	❑	❑	
Had a concussion or serious head injury?	❑	❑	
Lost consciousness or "passed out"?	❑	❑	
Had a seizure/epilepsy?	❑	❑	
Been identified or treated for substance abuse?	❑	❑	
Exhibited suicidal tendencies?	❑	❑	
Exhibited self-harming tendencies?	❑	❑	

Check all that apply to your child and provide details below:

❑ ADHD/ADD
❑ Anemia
❑ Anxiety
❑ Asthma (inhaler yes/no)
❑ Other:_____

❑ Chronic headaches/migraines
❑ Counseling
❑ Depression
❑ Eating/body image disorder
❑ Other:_____

❑ Severe menstrual cramps
❑ Seasonal allergies
❑ Sleep difficulties
❑ Stomachaches/digestive issues
❑ Other:_____

Notes on the items checked above:_____

Is there anything else we should know about your child's physical health, mental health, or learning needs in order to help them thrive at The Putney School Summer Arts? _____

By signing this form, I verify that the information expressed here is complete and true to the best of my knowledge.

Parent Signature:_____ **Date:** _____

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2019 STUDENT HEALTH HISTORY, Additional Information

Continued from previous page
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Parent Signature:_____ **Date:** _____