

KIPP Student Health Background Form 2017-18

In order to help the school nurses best serve your KIPPster, please return this form.
Information will be kept confidentially in the health center.

Student Name _____	Birth Date _____ [] Male [] Female
Grade _____ Homeroom _____	Zip code _____
Parent/guardian name _____	Phone number _____

Who is your child's regular doctor/clinic? _____

When was your child's last visit with their regular doctor/clinic (month/year)? _____ [] Don't know

Who is your child's regular dentist/clinic? _____

When was your child's last visit with their regular dentist/clinic (month/year)? _____ [] Don't know

Does your child have insurance? [] Medical assistance [] Private insurance [] Not currently insured

How many of your children are registered at KIPP this year? _____

Please check the box below if your child has any of the following **medical conditions**:

- | | | |
|---|---|--|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Genetic disorder |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Emotional/mental health concerns | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Bleeding disorder | <input type="checkbox"/> Heart condition | <input type="checkbox"/> Skin condition like eczema |
| <input type="checkbox"/> History of concussions | <input type="checkbox"/> Headaches/migraines | <input type="checkbox"/> Stomach/intestinal problems |
| <input type="checkbox"/> Other: _____ | | |

Does your child have any **allergies**? If so, please check the box and tell us what kind.

Food: _____ Environmental: _____ Medication: _____

Does your child have a history of anaphylactic reactions or have an Epi-Pen to use? [] Yes [] No

Does your child take any **medication** on a regular basis? If so, please tell us what:

Do you have any concerns about your child's.. [] Vision [] Hearing [] Other: _____

Does your child wear glasses? [] Yes [] No

If you have any concerns about your child's physical or emotional health, please feel free to reach out to Nurse Katherine and Nurse Nasreen. They can be reached at 410-396-7844.