

# KIPP Student Health Background Form, School Year 2025-2026

Please fill out and return this form to help the school take care of your KIPPster.  
Information will be kept confidentially in the health center.

Student First Name: _____		Student Last Name: _____	
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Birthdate: _____		Zip Code: _____
Grade: _____		Homeroom (if known): _____	
Parent/Guardian #1: _____		Phone #: _____	
Parent/Guardian #2: _____		Phone #: _____	
Emergency Contact: _____		Phone #: _____	

Who is your child's regular **pediatrician**/clinic? \_\_\_\_\_

Who is your child's regular **dentist**/clinic? \_\_\_\_\_

Does your child have **insurance**? ☐ Medical assistance ☐ Private insurance ☐ Not currently insured

Please check the box(es) 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"/> Other: _____
<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	
<input type="checkbox"/> History of concussions	<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Stomach/intestinal problems	

Please explain any **additional information about your child's medical conditions** that the nurses should know:

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

☐ Food Allergy: \_\_\_\_\_

☐ Environmental Allergy: \_\_\_\_\_

☐ Medication Allergy: \_\_\_\_\_

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 which medications:

Do you have **concerns** about your child's: ☐ Vision ☐ Hearing ☐ Development ☐ Other: \_\_\_\_\_

Does your child wear **glasses or contact lenses**? ☐ Yes ☐ No

If you have any concerns about your child's physical or emotional health, please reach out to health center staff.  
Our nurses can be reached at (410)291-2570.