

Student Name:

Student Health and Medical Forms

Medical History – Medication Allergies

Student is allergic to Amoxicillin

Yes **No**

Student is allergic to Ibuprofen

Yes **No**

Student is allergic to Penicillin

Yes **No**

Student is allergic to Tylenol

Yes **No**

Student is allergic to another medication

Yes **No**

Explain:

Medical History - Allergy History

Student is allergic to insect stings

Yes **No**

Explain:

Student is allergic to Shellfish, Eggs, Milk, or Peanuts

Yes **No**

Explain:

Student is allergic to other foods

Yes **No**

Explain:

Student is allergic to Poison Ivy, Poison Oak, or Sumac

Yes **No**

Explain:

Medical History - Medications

* Students are responsible to take their own prescription medications

Please indicate if your student is currently taking any medication or will be taking medications during an event.

Yes **No**

If so, please describe:

Medical History - Health History

Asthma

Yes **No**

Has your student been hospitalized in the last year?

Yes **No**

Blood Disorders

Yes **No**

Physical Disability (muscular/coordination)

Yes **No**

Blind / Legally Blind

Yes **No**

Celiac Disease

Yes **No**

Eczema

Yes **No**

Seizure Disorder

Yes **No**

(Previous) Back or Neck injury

Yes **No**

Other medical concerns

Yes **No**

Explain: