



School Health Information Profile 2022-2023 (Annual)

Student Name: _____ DOB: _____ Grade: _____ Age: _____

Parent/Guardian Names: _____

Mom Cell Number: _____ Dad Cell Number: _____

Doctor Name: _____ Doctor Name: _____

Phone Number: _____ Phone Number: _____

Specialty: _____ Specialty: _____

General Health Information: _____

Insurance Status: _____

Health and Developmental History (new from last year): _____

Onset of Health Condition (Asthma, diabetes, seizures etc.) and date of diagnosis (if new):

History of health emergencies/hospitalizations: _____

Food Allergies: _____

Other Allergies: _____

Other Health Needs: _____



Current Health Status: _____

Specific triggers/symptoms/childhood experiences: _____

Management of health condition: _____

Medications	Dose(s)	Frequency	Reason	Required at School?	Comments

Any medical equipment used in school (nebulizer, oxygen etc.): _____

Family Information: _____

Nutritional Status: _____

Psycho-Social considerations (level of independence, siblings, stressors, etc.): _____

Additional things we should know: _____
