

**HEALTH HISTORY FORM**  
Medical Information and Release Form

Please mark which class during the 2011 – 2012 School year  
\_\_\_ Freshman \_\_\_ Sophomore \_\_\_ Junior \_\_\_ Senior

STUDENT NAME \_\_\_\_\_ BIRTH DATE \_\_\_\_\_

LIVES WITH MOTHER/ FATHER/ BOTH (Please circle one)

MOTHER  
HOME ADDRESS

\_\_\_\_\_

HOME  
PHONE \_\_\_\_\_ WKPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

FATHER  
HOME ADDRESS

\_\_\_\_\_

HOME PHONE \_\_\_\_\_ WKPHONE \_\_\_\_\_

EMAIL ADDRESS \_\_\_\_\_ CELL PHONE \_\_\_\_\_

1. Operation(s) within the past year? \_\_\_\_\_

2. Under a doctor's care at present? \_\_\_\_\_

3. List any serious illness. \_\_\_\_\_

4. List any chronic illness. \_\_\_\_\_

5. List any regular medication. \_\_\_\_\_

\*If son or daughter carries this medication, please keep it in the original container with the label intact.

6. If allergic to any drugs/medication, please list. \_\_\_\_\_

7. Subject to fainting spells? \_\_\_\_\_

8. Date of last tetanus shot. \_\_\_\_\_