



LAKE OF THE WOODS
School

PO Box 310 • 236 15th Ave. SW • Baudette, MN 56623
218-634-2510 • Fax: 218-634-2750
Jeff Nelson, Superintendent / Elementary Principal
Brian Novak, High School Principal

STUDENT HEALTH HISTORY

Name: _____ Male _____ Female _____

Date of Birth: _____ Grade: _____

Address: _____

Parent/Guardian:

Male: _____ Work Phone: _____

Cell Phone: _____

Home Phone: _____

Female: _____ Work Phone: _____

Cell Phone: _____

Home Phone: _____

Emergency Contact: _____ Phone: _____

Physician: _____ Phone: _____

Dentist: _____ Phone: _____

Allergies. Please list the items that your child is allergic to.

_____ Food allergy to _____

_____ Drug or medication allergy to _____

_____ Severe reaction to insect stings. _____

_____ Other allergies. Please list specific type of allergy. _____

Hospitalizations:

Has your child ever been hospitalized? _____

If yes, for what and at what age? _____

(OVER PLEASE)

Medications:

Is your child on any medication on a regular or long-term basis? _____

If yes, please specify: _____

Illnesses (Please check all illnesses that your child has had.)

- | | |
|------------------------------|------------------------------------------|
| _____ Asthma | _____ Hayfever |
| _____ Chicken Pox | _____ Frequent colds |
| _____ Cystic Fibrosis | _____ Cancer |
| _____ Eczema | _____ ADHD or _____ ADD |
| _____ Epilepsy | _____ Diabetes Age of onset _____ |
| _____ Frequent headaches | _____ Earaches |
| _____ Draining ears | _____ Kidney infections |
| _____ Heart trouble | _____ Heart murmur |
| _____ Scarlet fever | _____ Rheumatic fever |
| _____ Tonsillitis | _____ Tuberculosis |
| _____ Whooping cough | _____ Muscular dystrophy |
| _____ Bone or muscle trouble | _____ Broken bones |
| _____ Urinary trouble | |
| _____ Hearing trouble | _____ Hearing aid _____ PE tubes in ears |
| _____ Eye trouble | _____ Glasses _____ Contacts |

Please describe all illnesses checked above: _____

