



# Winchester Academy Medical Information Form



Child's Name \_\_\_\_\_

- |   |                              |                             |
|---|------------------------------|-----------------------------|
| 1. Has your child been treated for a serious health condition?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Does your child have any allergies?(food, medicines, seasonal)   | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Does your child take any medications?(over the counter or prescription)  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Will your child require us to administer medication @ school?  | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Does your child have a chronic medical condition? (Ex: asthma, diabetes, seizure disorder, ADD, ADHD, depression etc.) | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If you answered **YES** to any of the above questions please provide further explanation. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

### Past Childhood Medical History(check all that apply)

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Mumps          | <input type="checkbox"/> Diphtheria      | <input type="checkbox"/> Polio             | <input type="checkbox"/> Measles        |
| <input type="checkbox"/> Scarlet Fever  | <input type="checkbox"/> Seizures        | <input type="checkbox"/> Whooping Cough    | <input type="checkbox"/> Chicken Pox    |
| <input type="checkbox"/> Pneumonia      | <input type="checkbox"/> Hay Fever       | <input type="checkbox"/> Throat Infections | <input type="checkbox"/> Ear Infections |
| <input type="checkbox"/> Sinus Problems | <input type="checkbox"/> Tuberculosis    | <input type="checkbox"/> Pertussis         | <input type="checkbox"/> Hepatitis      |
| <input type="checkbox"/> Other(explain) | <input type="checkbox"/> Surgeries(list) |  |   |

### Current Medical History(check all that apply)

- |  |  |   |  |
|--|--|---|--|
| <input type="checkbox"/> Asthma          | <input type="checkbox"/> Diabetes          | <input type="checkbox"/> Seizures       | <input type="checkbox"/> Allergies       |
| <input type="checkbox"/> Vision Deficit  | <input type="checkbox"/> Speech Difficulty | <input type="checkbox"/> Hearing Loss   | <input type="checkbox"/> Heat Exhaustion |
| <input type="checkbox"/> Dizziness       | <input type="checkbox"/> Urinary Problems  | <input type="checkbox"/> Joint Problems | <input type="checkbox"/> Muscle pain     |
| <input type="checkbox"/> Freq.Nosebleeds | <input type="checkbox"/> Headaches         | <input type="checkbox"/> Ear Infections | <input type="checkbox"/> Hernia          |
| <input type="checkbox"/> Dental Issues   | <input type="checkbox"/> Abdominal Pains   | <input type="checkbox"/> ADD/ADHD       | <input type="checkbox"/> Depression      |
| <input type="checkbox"/> Other           |  |   |  |

### Current Medications(even if taken at home!)

- |            |  |
|------------|--|
| Medication | Will this need to be taken at school?                    |
| _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| _____      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

## Winchester Academy

[www.winchesteracademy.org](http://www.winchesteracademy.org)

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