



# Hellenic American Academy

Academic Achievement, Cultural Awareness and Pride, Spiritual Enrichment

Affiliated with Holy Trinity Hellenic  
Orthodox Church of Chicago

## 2010-2011 EMERGENCY HEALTH INFORMATION

MUST BE UPDATED ANNUALLY!

### STUDENT INFORMATION

LEGAL LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_

STUDENT ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

TELEPHONE NUMBER: \_\_\_\_\_ BIRTHDATE: \_\_\_\_\_ AGE: \_\_\_\_\_ GENDER: \_\_\_\_\_

Please circle "Yes or No" as it relates to any of your child's health problems: If yes; please explain

HEALTH HISTORY	CIRCLE	COMMENT
Allergies? To What?	Yes/No	
Has an Epi-Pen Ever Been Prescribed? Ever Used? If yes, explain	Yes/No	
Diagnosis of Asthma? (Indicate Severity)	Yes/No	
Wheezing/Cough During or After Exercise?	Yes/No	
Birth Defects?	Yes/No	
Blood Disorders? (Please Explain)	Yes/No	
Developmental Delay?	Yes/No	
Diabetes?	Yes/No	
Hypoglycemia?	Yes/No	
Head Injury/Concussion/Passed Out?	Yes/No	
Seizures? What are they like?	Yes/No	
Any History of Heart Problems or Shortness of Breath?	Yes/No	
Heart Murmur? High Blood Pressure?	Yes/No	
Any Dizziness, Fainting, or Chest Pain With or Without Exercise?	Yes/No	
Bone/Joint Problems/Injury?	Yes/No	
Ear/Hearing Problems?	Yes/No	
Eye/Vision Problems?	Yes/No	
Glasses/Contacts?	Yes/No	
Date of Last Eye Exam?	Yes/No	
Loss of Function of One of Paired Organs?	Yes/No	
Hospitalization? When and What For?	Yes/No	
Surgery? When and What For?	Yes/No	
Serious Injury or Illness?	Yes/No	
Family History of Sudden Death Before Age 50?	Yes/No	

Is there anything more about your child's health that you think is important for us to know? \_\_\_\_\_

Is your child currently taking medication at home?  Yes  No

Name of medication(s) (Dose/Frequency): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_

Will your child be taking medication at school?  Yes  No

Name of medication(s) (Dose/Frequency): \_\_\_\_\_

Reason for medication(s): \_\_\_\_\_

*Note: All medication including over the counter (Tylenol, cough medicine, etc.) is required to have a medication permission form filled out every year.*

\_\_\_\_\_  
Parent/guardian's Signature

\_\_\_\_\_  
Date