

**THE WOLF SCHOOL**  
**STUDENT MEDICAL HISTORY 2017/2018**

Student Name: \_\_\_\_\_

Doctor Information: Please list all physicians your child is under the care of:

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Doctor Name: \_\_\_\_\_ Phone: \_\_\_\_\_ Specialty: \_\_\_\_\_

Medical Information:

Health Insurance: \_\_\_\_\_ Health Insurance ID#: \_\_\_\_\_

List any allergies (specify: food, medication, chemical, environmental, or none)

\_\_\_\_\_

Does student need Benadryl/Epi-pen? If yes, please explain:

\_\_\_\_\_

\_\_\_\_\_

Does student have any ongoing illness? \_\_\_\_\_

Health Profile:

Has the student experienced:

Heart problems	Y / N
Ear infections	Y / N
Ear tubes	Y / N
Fainting	Y / N
Kidney problems	Y / N
Hearing problems	Y / N
Vision problems	Y / N
Asthma	Y / N
Bone fractures	Y / N
Diabetes	Y / N
Seizures	Y / N
Head injury	Y / N
Dizziness	Y / N
Headaches	Y / N
Meningitis	Y / N
Pneumonia	Y / N
Slow/fast weight gain	Y / N

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Stomachaches	Y / N
Feeding difficulties	Y / N
Sleeping difficulties	Y / N
Constipation/Diarrhea	Y / N
Coordination Problems	Y / N
Hospitalizations	Y / N
Operations	Y / N
Other Medical Procedures	Y / N

If you checked yes to any of the above, or have any medical condition not covered in any previous questions, please comment here:

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Please describe your child's eating habits:

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Please describe your child's sleeping habits:

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Is there any other pertinent information you feel The Wolf School should be made aware of regarding your child?

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