

## RQA HOUSTON HEALTH HISTORY FORM

This form should be filled out by the child's PARENT/GUARDIAN. Return the form to RQA office.

### CHILD INFORMATION:

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Gender \_\_\_\_\_ Grade \_\_\_\_\_  
Address \_\_\_\_\_ City: \_\_\_\_\_ ZIP: \_\_\_\_\_

### PARENT / GUARDIAN INFORMATION

Parent/Guardian # 1  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_  
Parent/Guardian # 2  
Name \_\_\_\_\_ Email \_\_\_\_\_  
Tel # (H) \_\_\_\_\_ (C) \_\_\_\_\_ (W) \_\_\_\_\_

### EMERGENCY CONTACTS

Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Name \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

### MEDICAL HISTORY

Health concerns: Does your child have any health concerns the school needs to be aware of?  Yes  No  
If YES, please describe:

\_\_\_\_\_

Can your child participate in all indoors and outdoors school activities?  Yes  No

**Allergies:** Does your child have any allergies?  Yes  No

If YES, what is your child allergic to? \_\_\_\_\_

Does your child carry an Epi Pen?  Yes  No

#### Medication:

Does your child currently take medications?  Yes  No If YES, what medicine? \_\_\_\_\_

NOTE: (Our school policy does not allow us to administer medication to students. If your child requires medication during school hours, we ask that you please come to the school to provide it.)

### Primary care provider:

Name \_\_\_\_\_ Clinic/Practice Name \_\_\_\_\_

### PARENT / GUARDIAN CONSENT

The school has permission to share information with school staff as determined appropriate for my child's health and safety.  Yes  No

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Please Print Name

\_\_\_\_\_  
Date