



Mail to:

PO Box 1508

Crested Butte, CO 81224

Email to:

info@trailheadkids.org

970-349-7160

Student Health History

Child's Name _____ Sex _____ Birthday _____

Parent Name(s) _____

Parent Phone & Email _____

Check illnesses child has had:

- Measles
- German Measles
- Mumps
- Chicken pox
- Scarlet Fever
- Strep Throat
- Rheumatic Fever

Contact with Tuberculosis: Yes _____ No _____

If Tuberculin test given:

Date _____ Result _____

Allergies:

Drug Reactions _____

Medications (If yes, additional forms may be required): _____

Surgery, accidents, other illness or problems: _____

Pertinent medical history (seizures, premature birth, congenital disorder, etc.): _____

Pertinent Physical conditions (include, if tested, hearing and vision): _____

*Date: _____ Parent's signature _____