

STUDENT HEALTH HISTORY QUESTIONNAIRE

SCHOOL

- Hatley Smithville Hamilton
 North Pontotoc South Pontotoc
 Pontotoc (city) Tremont (city)
 Okolona Elem Okolona High

GRADE

- PK K 1st 2nd 3rd 4th 5th
 6th 7th 8th 9th 10th 11th 12th

TEACHER

Last Name

First Name

Middle Name

____ / ____ / ____

Male

Female

Date of Birth

Everyone living in the child's home:

NAME	RELATIONSHIP to CHILD	DATE of BIRTH	GRADE	ANY HEALTH PROBLEMS?
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		
		/ /		

If the child has siblings that do not live in the same home, please list them and where they live:

NAME	CITY & STATE of RESIDENCE

If the child does not live with both biological parents, what is the child's living situation?

- Lives with adoptive parents Joint custody Single custody
 Lives with foster family Other (describe) _____