ARROWHEAD HIGH SCHOOL - HISTORY & PHYSICAL FORM **RETURN to AHS for 22/2023 year**
TO BE COMPLETED FOR ALL FRESHMAN & NEW STUDENTS! As soon as possible

Name (Last) ________________________ (First) ______________________ (Middle Initial) ______ Birth Date _________

Height ______ Weight ______ Blood Pressure _______ Pulse _______ **Return to: School Nurse, 700 North Ave, Hartland, WI 53029**

HEALTH HISTORY:

Yes No Please explain all YES answers and list current treatment medications. (Use back if more space is needed)

☐ ☐ Does the student have any restrictions to physical education, sports, or activity? ______________________________
☐ ☐ Does the student have any dietary restrictions or a special diet? ______________________________
☐ ☐ Diabetes – ***Additional *Diabetic IHP* must be completed. Last HbA1c percentage and date** ________________
☐ ☐ Hypertension (high blood pressure) ______________________________ **LIST MEDICATIONS**
☐ ☐ Heart disease ______________________________ **LIST MEDICATIONS**
☐ ☐ Psychiatric/psychological or emotional difficulties ______________________________ **LIST MEDICATIONS**
☐ ☐ Behavioral/neurological disorder ______________________________ **LIST MEDICATIONS**
☐ ☐ Epilepsy or seizures – **Seizure type and date of last seizure** ______________________________ **LIST MEDICATIONS**
☐ ☐ Syncope/fainting ______________________________ **LIST MEDICATIONS**
☐ ☐ Migraine headaches ______________________________ **LIST MEDICATIONS**
☐ ☐ History of head injury/concussion. Date of injury___________. List any current restrictions ____________________
☐ ☐ Muscular/skeletal condition/muscle or bone issues ______________________________
☐ ☐ Scoliosis ______________________________
☐ ☐ Ear or hearing difficulty ______________________________
☐ ☐ Eye or vision difficulty ______________________________
☐ ☐ Bleeding disorder ______________________________
☐ ☐ Kidney disease ______________________________
☐ ☐ Thyroid disease ______________________________
☐ ☐ Lung/respiratory disease ______________________________
☐ ☐ Asthma – ***Additional *Asthma Individual Health Plan* must be completed**

Name of inhaler(s)	Dosage	Time to be administered/PRN	Duration
			Entire time at AHS
			Entire time at AHS

YES NO
☐ ☐ **The student may self-administer and keep the inhaler under their control (backpack, purse or pockets)?**

ALLERGIES (Use the back if more space is needed):

YES NO
☐ ☐ Medication – List ______________________________
☐ ☐ Insect bites/stings – List ______________________________
☐ ☐ Food – List foods to avoid ____________________List foods to be substituted in lunch program ____________
☐ ☐ Latex – Type of reaction ______________________________
☐ ☐ **Does the student require the use of an EPI-Pen at school?**
***Additional *Allergy Individual Health Plan* must be completed if an Epinephrine Auto Injector is ordered.**

Name of medication	Dosage	Time to be administered/PRN	Duration
Epinephrine auto injector	0.3mg	PRN allergic reaction	Entire time at AHS

☐ ☐ **The student may self-administer and keep the EPI-Pen under their control (backpack, purse or pockets)?**

PRESCRIPTION MEDICATION ORDERS (Medications to be administered at school): **Additional Form Required*

Name of Prescription	Dosage	Time to be administered/PRN	Duration

If emergency treatment is required and parents and emergency contacts cannot be reached, the school authorities may use their judgment arranging medical care.
I hereby authorize the nurse, principal or other school personnel to call the physician named on this form or his/her associates if an emergency exists. This does not include release of information. I hereby authorize release of information to all Arrowhead High School personnel and school bus drivers.

______________________________ ____________
Parent Signature and/or Physician (*optional) Date

No Physician Signature Required for History and Physical Form!
***Student Athletes Only:**
AHS Athletics Physical Examination Green Card with Physician Signature Must Be Completed
(Cards available at the South Campus Main Office or North Campus Activities Office)