Florida Department of Health
School Health Program
Health History and Consent: Impaired Nutrition/Impaired Body Mass Index

Student: _____ DOB_____ Teacher: _____ Grade: _____
School: _____Parent/Guardian Phone(s): _____
Physician & Phone: _____ School Year: _____
KNOWN ALLERGIES: _____

Dear Parent/Guardian:
School records or medical information indicates your child has impaired Body Mass Index (BMI) according to the CDC classification. In order to attend to your child's health and safety, the school requires a health history. Please return this form to the nurse as soon as possible. It will become part of your child's confidential school health record. Our primary concern is that your child's healthcare needs are met while in school.

_____ _____ _____
School Nurse Phone Date

Your child was weighed and measured as part of our school's BMI Screening Program. A BMI-for-Age Percentile was also calculated.
Your child's measurements were:

Height _____Weight_____ BMI _____Percentile _____

BMI-for-Age Weight Status Categories and Percentiles

Weight Status Category	**Percentile Range**
Underweight	Less than the 5th Percentile
Healthy Weight	5th Percentile to less than the 85th Percentile
Overweight	85th to less than 95th Percentile
Obese	Equal to or greater than the 95th Percentile

1. Does your child have any chronic health condition? ☐ No ☐ Yes _____
2. Has your child ever been hospitalized? ☐ No ☐ Yes if yes, when: (Month/Year) _____
3. Does your child have any activity or dietary restrictions? ☐ No ☐ Yes
4. Does your child take any medications? ☐ No ☐ Yes
   Name of Medication Dosage Time
   _____
5. If applicable, list any side effects your child experiences from the above medication(s)?
   _____
6. Additional comments:
   _____

CONSENT

Please circle your response and sign:(**I do /I do not**) give the School Nurse my permission to share information relevant to my child's medical status with school staff on a "need to know" basis, if she/he determines that this information is necessary to assure my child's health and safety.

Parent/Guardian Signature: _____ Date: _____

Revised: Aug-25