HEALTH HISTORY

Greensburg Salem School District ❒ 1 Academy Hill Place ❒ Greensburg, PA 15601

PARENTS: PLEASE FILL OUT BOTH SIDES OF THIS FORM

When completed, please return this form to your child's homeroom teacher as soon as possible.

TO PARENTS OR GUARDIAN: The information requested on this form will be of help to school authorities in determining the health status of your child and in assisting him to receive maximum benefits from his educational opportunities.

School _____ Teacher _____ Grade _____

Name of child: _____ Address: _____

Birth date: _____ _____

Father's name: _____ Mother's full name: _____

Has your child had any of the followng? Give details.

Yes	No		Yes	No	
❒	❒	Allergy _____	❒	❒	Seizure Disorder _____
❒	❒	Operation (Note type) _____	❒	❒	Emotional Problems _____
❒	❒	Chicken Pox: Month_____ Year _____	❒	❒	Orthopedic Problems _____
❒	❒	Diabetes _____	❒	❒	Serious Accidents _____
❒	❒	Asthma _____	❒	❒	Chronic Ear Infections _____
❒	❒	Heart Problems _____	❒	❒	Tubes in Ears _____
❒	❒	Attention Deficit Disorder _____	❒	❒	Birth Defects _____

❒ ❒ Is your child taking any medications on a regular basis?

If yes, list name(s) of Drug(s) and how often:

Date: _____ Signature of parent or guardian: _____

Home telephone number: _____

GENERAL INFORMATION

You are encouraged to have the school health examination performed by your family physician. The school nurse will provide the proper forms which are to be completed by your family physician and returned promptly; if the physical form is not returned, signed by your doctor, the physical exam will be done by the school doctor.

PLEASE FILL OUT BOTH SIDES OF THIS FORM (OVER)

PLEASE ANSWER THE FOLLOWING QUESTIONS:

Do you want your child taken to Westmoreland Hospital Emergency Room if parent or physician cannot be contacted? ❒ Yes ❒ No

If your child just entered our school, give name and address of school from which he/she came:

Please list any other information that the school nurse should be aware of:

Comments: