

SUSQUEHANNA TOWNSHIP SCHOOL DISTRICT  
Harrisburg, Pennsylvania 17109  
**HEALTH HISTORY**

The health information requested here will aid the school personnel in providing for your child's health, safety and educational needs.

Child's Name \_\_\_\_\_ Sex \_\_\_\_\_ Date of Birth \_\_\_\_\_

Parent(s)/Guardian(s) \_\_\_\_\_ Relationship If Other Than Parent \_\_\_\_\_

List any health emergency that might occur at school (BEE STING ALLERGY, ASTHMA, SEIZURE).

Please include symptoms that are warning signals. \_\_\_\_\_

List any special health needs or problems that the school should know about. \_\_\_\_\_

Most Recent Physical Exam \_\_\_\_\_ Dr. \_\_\_\_\_ Phone \_\_\_\_\_

Is child currently under doctor's care? \_\_\_\_\_ For what? \_\_\_\_\_

What medicines (other than vitamins) does child take? \_\_\_\_\_ For what? \_\_\_\_\_

Does child need to take medicine at school? \_\_\_\_\_ For what? \_\_\_\_\_

**Medication will be given at school only with doctor's written order.**

Most Recent Dental Exam \_\_\_\_\_ Dr. \_\_\_\_\_ Phone \_\_\_\_\_

GIVE DETAILS OF ANY:

Serious or Recurring Illness \_\_\_\_\_

Serious Accident, Injury or Broken Bones \_\_\_\_\_

Operations or Hospitalizations \_\_\_\_\_

Allergy and Reaction \_\_\_\_\_

Special Diet or Food Problems \_\_\_\_\_

Restrictions of Physical Activity \_\_\_\_\_

Hearing Problems or Earaches \_\_\_\_\_

Vision Problems \_\_\_\_\_

Most Recent Eye Exam \_\_\_\_\_ Dr. \_\_\_\_\_ Glasses? \_\_\_\_\_

Skin Problems (eczema, hives) \_\_\_\_\_

Did Your Child Have Chicken Pox? \_\_\_\_\_ Yes (Date \_\_\_\_\_) \_\_\_\_\_ No

Other Childhood Illnesses: \_\_\_\_\_

Emotional Problems \_\_\_\_\_

Inherited or Family Diseases in Close Family Members \_\_\_\_\_

REMARKS: \_\_\_\_\_

My signature below indicates my permission for the school nurse to share with my child's teacher(s) any pertinent information and health concerns regarding my child, as deemed necessary for my child's well-being in school.

\_\_\_\_\_  
Signature of Parent or Guardian Date