



## PENN-DELCO SCHOOL DISTRICT

### HEALTH HISTORY FORM

To Parent/Guardian:

The information requested on this form will assist the district to evaluate the health status of your child. Please note that **children entering Kindergarten and 1<sup>st</sup> grade must have both a physical and a dental examination completed.** All children entering 6<sup>th</sup> and 11<sup>th</sup> grade must have a physical exam, and all children entering 3<sup>rd</sup> and 7<sup>th</sup> grade must have a dental exam. We strongly encourage you to have these examinations done by your own physician and dentist. However, the District does provide a physician and dentist, if necessary. If you plan to have your child seen by your own physician and dentist, signed physical and dental forms are due to the school nurse by October 15<sup>th</sup>. These exams must be done within one year of the start of the school term, to be considered acceptable.

Student's Name: \_\_\_\_\_

Student's Date of Birth: \_\_\_\_\_

Name of Mother/Legal Guardian: \_\_\_\_\_

Mother/Legal Guardian's Address: \_\_\_\_\_

Mother/Legal Guardian's Telephone Number: \_\_\_\_\_

Name of Father/Legal Guardian: \_\_\_\_\_

Father/Legal Guardian's Address: \_\_\_\_\_

Father/Legal Guardian's Telephone Number: \_\_\_\_\_

Name of Child's Physician: \_\_\_\_\_

Physician's Address: \_\_\_\_\_

Physician's Phone Number: \_\_\_\_\_

Has your child had any of the following: Yes: \_\_\_\_\_ No: \_\_\_\_\_ If yes, give details.

Food Allergies: \_\_\_\_\_

Environmental Allergies: \_\_\_\_\_

Other Allergies: \_\_\_\_\_

Operations (note type): \_\_\_\_\_

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

Serious Accidents \_\_\_\_\_

Childhood Diseases: \_\_\_\_\_

Other: \_\_\_\_\_

If your child at present under medical treatment? Yes: \_\_\_\_\_ No: \_\_\_\_\_

List any illnesses or health problems which you or your family physician feel should be made known to the school personnel: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent/Legal Guardian

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Date