



SOUTH WESTERN SCHOOL DISTRICT

225 Bowman Road, Hanover, Pennsylvania 17331-4297 (717) 632-2500

HEALTH HISTORY

School _____ Date _____

The information requested on this form will be of help to the school in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

1. Name of child _____
Last First Middle

2. Address _____ Sex ___ M ___ F
Telephone # _____

3. Age _____ Date of Birth _____
Month Day Year

4. Father/Guardian's Name _____

5. Mother/Guardian's Name _____

6. Mother's Maiden Name _____

7. Child lives with both parents _____ Mother _____ Father _____ Other _____

8. Person with whom child lives (if other than parent) _____

9. Number of children in family _____

10. Person to be called in case of an emergency _____

Telephone# _____

11. Name of child's physician _____ Phone # _____

Name of child's dentist _____ Phone # _____

12. Please check if your child has had the following diseases:

Chickenpox _____ Rheumatic Fever _____ Scarlet Fever _____

Tuberculosis _____ Measles _____

13. Last school attended _____

Name

Address

14. Has your child had any of the following? Give details:

ADD/ADHD _____ List medications _____

Allergy _____

Asthma _____ List medications _____

Beesting reaction _____

Ear infections/tubes _____

Emotional problems _____

Head injury _____

Surgery (note type) _____

Recurring illness _____

Serious accidents _____

Other _____

15. Were there any complications during the pregnancy, birth, or development of this child? Explain:

16. Is your child presently under medical treatment or taking medication? _____ Explain:

17. Does your child wear glasses? _____

18. Does your child have a hearing loss? _____

19. List any illness or health problem which you and your physician feel should be known to school authorities.

Signature of Parent or Guardian

Signature of Registrar

All items should be handled in accordance with the district policy dealing with the collection, maintenance, & dissemination of records. This policy is based on respect for the rights of individuals.

Revised 3/10