

# South Park School District Health History

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

Name of Child: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_  
Father's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell # \_\_\_\_\_  
Mother's Name: \_\_\_\_\_ Work # \_\_\_\_\_ Cell# \_\_\_\_\_  
Child Lives with:(check one) Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Guardian \_\_\_\_\_

## Medical Information

Name of Doctor \_\_\_\_\_ Phone# \_\_\_\_\_  
Has your child been diagnosed with any of the following? If so please explain and list limitations that should be known to the school.

ADD/ADHD \_\_\_\_\_ Cancer \_\_\_\_\_ Cerebral Palsy \_\_\_\_\_ Diabetes \_\_\_\_\_  
Eating Disorder \_\_\_\_\_ Emotional Problem \_\_\_\_\_ Heart Disorder \_\_\_\_\_  
Hypoglycemia \_\_\_\_\_ Seizure Disorder \_\_\_\_\_ Spina Bifida \_\_\_\_\_ Urinary Problems \_\_\_\_\_  
Gastrointestinal disorders \_\_\_\_\_  
Allergies \_\_\_\_\_ Treatment: \_\_\_\_\_  
Asthma \_\_\_\_\_ Symptoms \_\_\_\_\_ Medications? \_\_\_\_\_  
Orthopedic Problem \_\_\_\_\_ Devices/ Limitations \_\_\_\_\_  
Vision Problems \_\_\_\_\_ Wears lenses? \_\_\_\_\_  
Hearing Problems \_\_\_\_\_ Hearing Aids?/Which ear? \_\_\_\_\_

Recurring illness or any other medical condition not listed above \_\_\_\_\_

Please list any medication that your child is taking: \_\_\_\_\_

\*\*\*\*\*PLEASE KEEP THE SCHOOL NURSE INFORMED OF ANY CHANGES DURING THE YEAR.

## MEDICATION POLICY

Please note SPSP medication policy states that no medication can be given at school without the proper prescription and parental release on file in the school health office. Students are not allowed to carry their own medication (except EpiPens and inhalers, with proper forms on file) or transport medication to and from school. Please see our medication policy for further information.

## IMMUNIZATIONS

*Please attach a copy of your child's immunizations.  
(A list of the required immunizations is on the front page of this packet)*

## REQUIRED EXAMS

The School Health Law requires a medical examination for all children entering school and in grades 6, and 11, and a dental exam for all children entering school and in grades 3 and 7. Please indicate below if you will be having these done by your own physician/dentist or the school physician/dentist.

I want the school dentist to do the required dental examination. \_\_\_\_\_

I want my family dentist to do the required dental examination. \_\_\_\_\_

I want the school physician to do the required medical examination. \_\_\_\_\_

I want my family physician to do the required medical examination. \_\_\_\_\_

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

\_\_\_\_\_  
Date