

PENN-DELCO SCHOOL DISTRICT
Aston, Delaware County, Pennsylvania 19014

HEALTH HISTORY

School _____

Date _____

To Parent/Guardian:

The information requested on this form will assist the district physician to evaluate the health status of your child. When completed, please return to the school nurse.

Student's Name _____

Student's Date of Birth _____

Name of Parent/Guardian _____

Parent/Guardian's Address _____

Parent/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/Guardian