

**PETERS TOWNSHIP SCHOOL DISTRICT  
HEALTH HISTORY FOR SCHOOL NURSE (rev. 12-18-09)**

TO HELP US KNOW YOUR CHILD BETTER AND PROVIDE NECESSARY CARE, PLEASE COMPLETE THE FOLLOWING:

NAME \_\_\_\_\_ GRADE \_\_\_\_\_ School Year \_\_\_\_\_

FAMILY DOCTOR \_\_\_\_\_ FAMILY DENTIST \_\_\_\_\_

PHONE \_\_\_\_\_ PHONE \_\_\_\_\_

**PLEASE USE BACK FOR DETAILS**

- |   |                               |
|---|-------------------------------|
| _____ Asthma                                | _____ Heart Disease           |
| _____ Allergies                             | _____ Congenital defect _____ |
| Food _____                                  | _____ Murmur _____            |
| Medication _____                            | _____ Rheumatic _____         |
| Skin Condition _____                        | _____ Hernia Repair           |
| _____ Severe Food Allergy requiring Epi-Pen | _____ Hospitalization         |
| _____ Attention Deficit Disorder            | Date _____                    |
| _____ Bee Sting Allergy requiring Epi-Pen   | Reason _____                  |
| _____ Congenital Condition                  | _____ Migraines               |
| _____ Convulsions/Seizures                  | _____ Nosebleeds              |
| _____ Diabetes                              | _____ Psychological Problem   |
| _____ Disfigurement (Congenital/Accidental) | _____ Urinary Tract Problems  |
| _____ Ear Infections                        | _____ Vision Defect           |
| _____ Fainting                              | Glasses _____                 |
| _____ Headaches                             | Contact Lens _____            |
| _____ Head Injury/Concussion                | _____ Other _____             |
| _____ Hearing Defect                        |                               |

1. Does any condition require regular medication? \_\_\_\_\_

2. Please list the medication(s) \_\_\_\_\_

3. Is student presently under care of a physician? \_\_\_\_\_

    If yes, please explain \_\_\_\_\_

4. Any restrictions on activities? \_\_\_\_\_

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Home/Work Phone Numbers

\_\_\_\_\_  
Date