HEALTH HISTORY INFORMATION SHEET

☐ Female ☐ Male

_______________________________ Student name

_____________ Date of birth

Medical History: Have you ever been told by a physician or health care provider that your child has:

Diagnosis	Yes	No	Comment:
Asthma			
ADD/ADHD			
Autism			
Birth/congenital disorder			
Bleeding disorder			
Blood disorder			
Bone/muscle disease			
Bowels/bladder problems			
Cancer			
Cystic Fibrosis			
Depression			
Diabestes			
Seizure disorder			
Skin disorder			
Traumatic Brain Injury			
Other:			
Other:			

Does your child experience any of the following:

Condition	Yes	No	Comment:
Fainting spells			
Frequent headaches			
Frequent stomach aches			
Nose bleeds			
Overweight for age			
Physical disability			
Poor appetite			
Tires easily			
Underweight for age			
Wears glasses			
Wears hearing aids			

TWO-SIDED; PLEASE COMPLETE BOTH SIDES

Student name: ____

Allergies: Documentation for dietary allergies is required. Please contact the school nurse required documentation. 610-277-0660 ext 300 nurse@pathwayschool.org

Allergy	**Yes**	**No**	**Comment:**
Animals			
Bees			
Food			
Medication			
Molds			
Plants			
Other:			

Medicatoin: Does your childe take any medication? ☐ Yes ☐ No

Name of medication:	**Purpose**	**Taken at school**	
		Yes	**No**

If your child requires medicatoin at school, please contact the nurse to discus this and for the necessary authorization paperwork. Parent authorization, script/doctors orders, medication placed in appropriate container with label matching the doctor's order must be received by the nurse before he/she can administer medicatoin. Please note: students are not permitted to carry medicaion on their person. Please contact the school nurse to discuss the plan to get medications to school.

610-277-0660 ext 300 nurse@pathwayschool.org

I understand that the information given above will be shared with approproate school staff to provide for the health and safety of my child.

____ ____

Print name Signature

____

Date

TWO-SIDED; PLEASE COMPLETE BOTH SIDES