



PENN-TRAFFORD SCHOOL DISTRICT

P.O. Box 530 Harrison City, PA 15636

www.penntrafford.org

"Effective, Efficient, Quality Education"

HEALTH HISTORY

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

Name of Child _____ Birth date: _____

Address _____

Father's Name _____ Contact Phone # _____

Mother's Name _____ Contact Phone # _____

Guardian (if child not living with parent) _____ Contact Phone # _____

Name of Child's Physician or other source of Medical Care _____

Contact Phone # _____

HAS YOUR CHILD HAD ANY OF THE FOLLOWING: Please give details.

Allergies _____

Medication Allergies _____

Asthma _____

Chicken Pox _____

Allergic to bees _____

Scarlet Fever _____

Seizures _____

Heart Murmur _____

Diabetes _____

Hearing Problems _____

Frequent Illness _____

Vision Problems _____

Serious Illness _____

Speech Impairment _____

Hospitalization _____

Previous Surgeries _____

Serious Accident _____

Emotional Problems _____

Is your child at present under medical treatment? If so, explain in detail and include any treatment or medication that is necessary.

BROTHERS AND SISTERS:

Name

Age

School

Any pertinent home and family conditions, parent concerns:

General information: The School Health Law requires medical examinations for children in grades K, 6 and 11. Dental examinations grades K, 3 and 7. You will be notified when these examinations are due.