

# PENN-TRAFFORD SCHOOL DISTRICT

P.O. Box 530  
HARRISON CITY, PENNSYLVANIA 15636-0530  
(724) 744-4496 OR 744-2121

## HEALTH HISTORY

To Parents or Guardians: The information requested 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 \_\_\_\_\_ Telephone \_\_\_\_\_  
Mother's Name \_\_\_\_\_ Telephone \_\_\_\_\_  
Guardian (if child not living with parent) \_\_\_\_\_  
Name of Child's Physician or other source of  
Medical Care \_\_\_\_\_ Telephone \_\_\_\_\_

HAS YOUR CHILD HAD ANY OF THE FOLLOWING? 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 _____	Surgery _____
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.

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Brothers and Sisters

Names

Ages

Any pertinent home and family conditions, parent concerns:

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