



Mt. Lebanon School District

HEALTH HISTORY (parent completes)

415-A
(rev. 5/2020;4/21)

Student's Name _____ Grade _____ Date of Birth _____

Street Address _____

City _____ Zip _____ Cell/Home Phone _____

Siblings name	Birth Date	School	Grade

Name and address of school last attended:

Name of school: _____

Address of school: _____

Physician: _____ Phone Number: _____

Dentist: _____ Phone Number: _____

Medication: (please list all medications taken):

At Home: _____

At School: _____

(If required at school, complete form #440- Authorization for Medicine)

OVER

STUDENT NAME: _____ **GRADE:** _____

TO BE COMPLETED BY PARENT

Please check ✓ ALL that applies to your child

<i>Anxiety</i>		<i>Developmental Delay</i>		<i>Nosebleeds</i>	
<i>Arthritis</i>		<i>Diabetes Type 1</i>		<i>Orthopedic Condition</i>	
<i>Asthma</i>		<i>Diabetes Type 2</i>		<i>Rheumatic Disease</i>	
<i>Attention Deficit Disorder</i>		<i>Dietary Restrictions</i>		<i>Sickle Cell</i>	
<i>Autoimmune Disorder</i>		<i>Epilepsy/Seizure Disorder</i>		<i>Speech Difficulty</i>	
<i>Bladder/Bowel Control</i>		<i>Gastrointestinal Condition</i>		<i>Spina Bifida</i>	
<i>Bleeding Disorder</i>		<i>Hearing Deficit (right/left)</i>		<i>TB Exposure</i>	
<i>Blood Pressure Issues - (high or low)</i>		<i>Immunocompromised</i>		<i>Thyroid Condition - specify</i>	
<i>Cancer</i>		<i>Inflammatory Bowel Disease</i>		<i>Tourette's Syndrome</i>	
<i>Cardiovascular Condition - specify</i>		<i>Kidney Condition</i>		<i>Vision: Eye Surgery - specify</i>	
<i>Cerebral Palsy</i>		<i>Mental Health Diagnosis</i>		<i>Severe Vision Loss - right/left</i>	
<i>Chicken Pox(date)</i>		<i>Migraines</i>			
<i>Color Vision Deficiency</i>		<i>Neurological Disorder</i>			
<i>Dental Condition</i>					

Explain Above Check Marks: _____

Allergies/Reaction: _____

Previous Surgeries/Dates: _____

Other: _____

I understand and agree that any and all of this information may be shared with appropriate school personnel.

Parent/Guardian Signature

Date

Signature of Certified School Nurse

Date