Stockbridge Valley Central School

PO Box 732

6011 Williams Rd

Munnsville, NY 13409

Health History

Child's Name:	Date of Birth:	Grade:
1. Date	Date	Date
Chicken Pox	Rheumatic Fever	Tuberculosis
Pneumonia	Scarlet Fever	Asthma/Allergies
Hepatitis	Diabetes	Ear Condition
Frequent Colds	Epilepsy/Seizure Disorder	Operations
Sore Throats	Heart Disease or Problems	Serious Illness/Injuries
Tuberculosis Contact	Food Allergies	Bee Stings
Please circle one: Premature or	r Full-Term Pregnancy	
2. Is your child currently on medicat	ion for any physical problem? Yes	No
If yes, please specify:		
3. Family Physician:	P	hone Number:
Date of last well-child physical:		
, ,	eyes and/or ears or is the child under	treatment at the present time for any
child will be taken to the hospital en	empts will be made to contact the panergency room. Do you have a prefe	rence in hospitals?
No Preference	Hamilton Hospital Oneic	da Healthcare
having received, or is in the process of	res that every child entering school in Ne receiving immunization against the follow easles, mumps, varicella, and hepatitis E	ving vaccine-preventable diseases: polio,
Plea	se bring in official immunization re	ecords.
	not met immunization requiremen nter any New York State public scl	ts, he/she will NOT be permitted to hool.
Parent/Guardian Signature	 Date	

As immunizations, injuries, diseases, etc. occur, please send in a note to the school nurse so that your child's health record is updated. It is especially important to inform the school when your child has illnesses or injuries that may not keep him/her from attending school, but may require that the teacher or school nurse be aware that he/she is being treated.