



## West York Area School District

Administrative Office - 1891 Loucks Rd.  
Suite 100  
York, PA 17408  
717.792.2796

### HEALTH HISTORY

Student Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Male \_\_\_ Female \_\_\_ Grade: \_\_\_\_\_ Homeroom/Teacher: \_\_\_\_\_

Physician Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

Please list any serious illness, operation, injury or conditions **diagnosed** by a physician:

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Please list any **prescribed** medication that your child takes daily:

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Medication: \_\_\_\_\_ Reason: \_\_\_\_\_

Please provide any prescribed medication, Epipen or Benadryl that your child may need in school along with an order from your physician. The parent/guardian must also sign a permission form for the student to receive the medication in school. The order may be on a form generated by the physician or on the form located on the school district website. Please see the website or your school nurse for our medication policy and/or any medical forms.

#### **For students in grades 6-12:**

The district has standing orders that include the following: Tylenol/Acetaminophen, Ibuprofen, Tums, Caladryl/Calamine Lotion and cough drops. If you do not want your student to receive any of these, please let your school nurse know in writing.

The school district may exchange medical/dental information with your child's physician/dentist and may share health information with other professionals as needed in support of the education process and the best interest of your child.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_