EASTERN LEBANON COUNTY SCHOOL DISTRICT
HEALTH PROFILE

Student Name: ____ **Birthdate:**__________

Please attach a copy of your child's immunization record. See immunization guidelines found in the enrollment packet for each grade level.

Physical and dental exams are required for students in select grades. While exams are available at school, a private exam with a physician familiar with your family will be more thorough and more comfortable for your child.

Please indicate your preference: ***(You will receive a form for all private exams)***

Physical exam: (Is required in grades K, 6 and 11)

☐ I will have my child examined by my private physician prior to beginning school.
☐ I would like to have my child examined by the school physician.

Dental exam: (Is required in grades K, 3 and 7)

☐ I will have my child examined by my private dentist prior to beginning school.
☐ I would like to have my child examined by the school dentist.

Does your child have or have they had any of the following:

Ear infections / hearing problems: Yes ______ No______Tubes: *(age/s)*____

Vision problems: Yes_____ No______ Glasses: Yes ______ No_____ Explain:_____________________________________

List any emotional problems *(past or present)*:____

Bowel or urinary incontinence (accidents): Yes______ No _____ If yes: Day_________Night __________________________

Allergies:

Does your child have any **serious food allergies?** YES NO List: ____
If yes, please describe reaction and treatment ____

Does your child have any **medication allergies**? YES NO List:____
If yes, please describe reaction and treatment ____

Does your child have any **seasonal/environmental allergies** (Ex. Mold, pollen, etc..) YES NO
If yes, please describe reaction and treatment____

Does your child have any **insect/pet allergies**? YES NO
If yes, please describe reaction and treatment____

Has allergic reaction ever been **life threatening**? YES NO

Does your child require **Epi-pen** and/or antihistamine(Benadryl) for allergies? YES NO

Asthma:

Is your child **currently diagnosed** with asthma? YES NO

If yes, is your child currently prescribed any asthma medication (inhaler, nebulizer)? YES NO
If yes, a current Asthma Treatment Plan must be on file for the current school year and a physician order for an inhaler.

*If your child has had asthma in the past and is **not currently on asthma medication**, please indicate approximate date(month/year) he/she last used medication for asthma: ____

General Health History Questions:

Please list daily medications that your child takes ____

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Does your child currently take a daily medication that will be administered during school hours? YES NO

If yes, a current Medication at School Form, signed by a physician and parent/guardian, must be on file in the Health Office for the current school year.

Does your child have diabetes? YES NO

Does your child have/had seizures? YES NO

Does your child have/had a heart condition? YES NO

Has your child been told he/she has ADD/ADHD? YES NO

Has your child been told he/she has a learning disability/delay? YES NO

Is your child presently under the care of a physician for any reason? YES NO
If YES, please explain____

Does your child have any limitations to physical activity/exertion? YES NO
If YES, please explain ____

Has your child had any recent major illnesses/injuries/hospitalizations or operations? YES NO
If YES, please explain ____

Has your child been diagnosed with a concussion within the last 12 months? YES NO
If YES, please explain and provide date of medical clearance____________________________________

Special Health Needs *(not mentioned above):*

Healthcare Provider / Physician

My child's Health Care Provider is: ______________________________ Phone#: ___________________
My child's Dentist is: ____ Phone#: ___________________
Preferred Hospital: ____

I give permission for the school nurse to contact the above health care provider regarding my child. **Yes____No____**

Parent Signature __________________________Date _________________

The information requested on this health profile will be kept confidential and will be included in your child' health record by the school nurse. It will be shared with other school personnel (teachers, principal, guidance counselor, etc.) only if it would be helpful in aiding their understanding of your child's performance in the classroom.