



PENN-DELCO SCHOOL DISTRICT HEALTH HISTORY FORM

The information requested on this form will assist the district to evaluate the health status of your child. Please note that children entering Kindergarten and 1st grade must have both a physical and dental examination completed. All children entering 6th and 11th grade must have a physical exam, and all children entering 3rd and 7th grade must have a dental exam. We strongly encourage you to have these examinations done by your own physician and dentist. However, the District does provide a physician and dentist, if necessary.

If you plan to have your child seen by your own physician and dentist, signed physical and dental forms are due to the school nurse by October 15. These exams must be done within one year of the start of the school term to be considered acceptable.

Student's Name: _____

Student's Date of Birth: _____

Name of Mother/Legal Guardian: _____

Mother/Legal Guardian's Address: _____

Mother/Legal Guardian's Telephone Number: _____

Name of Father/Legal Guardian: _____

Father/Legal Guardian's Address: _____

Father/Legal Guardians Telephone Number: _____

Name of Child's Physician: _____

Physician's Address: _____

Physician's Phone Number: _____

Has your child had any of the following: Yes _____ No _____

Food Allergies: _____

Environmental Allergies: _____

Other Allergies: _____

Operations (note type): _____

Emotional Problems: _____

Serious Accidents: _____

Childhood Diseases: _____

Other: _____

Is your child, at present, under medical treatment: Yes _____ No _____

List any illness or health problems which you or your family physician feel should be made known to school personnel:

Signature of Parent/Legal Guardian

_____/_____/_____
Date