

Upper Adams School District – Student Health Profile

For Office Use Only:

School: _____
Grade: _____ Homeroom: _____ Student ID: _____
Registration Date: _____ Entry Date: _____ YOG: _____
AM Bus: _____ PM Bus: _____ Transfer Bus (if needed): _____
Proof of Birth: _____ Birth Certificate _____ Passport _____ Other _____

Student's Legal Full Name (last, first, middle): _____

Student's Preferred Name: _____ Gender: _____

Street Address: _____ Date of Birth: _____

City, State, Zip Code: _____ Place of Birth: _____

Mailing Address (Please include PO Box): _____

City, State, Zip Code: _____

HEALTH/EMERGENCY INFORMATION

Family Doctor: _____ Phone Number: _____

Family Dentist: _____ Phone Number: _____

Has your student ever had a serious illness/operation? ☐ Yes ☐ No

If yes, what? _____ When? _____

Is your student currently taking any medication? ☐ Yes ☐ No

If yes, what? _____ What for? _____

Does your student need to take any medication at school? ☐ Yes ☐ No

If yes, what? _____ What for? _____

Has your student ever been diagnosed by a physician with Asthma? ☐ Yes ☐ No

Signs and symptoms of an attack: _____

Will your student require an inhaler at school? ☐ Yes ☐ No

Has your student had an allergic reaction to a specific food, medication or insect? ☐ Yes ☐ No

If yes, type of allergy? _____

Signs and symptoms of allergy: _____

Treatment needed: _____

***If your student needs a food removed or substituted from a lunch tray, the school must have a signed note from your student's doctor.**

Does your student have any other special health concerns or emotional problems (including hyperactivity) which you or your family physician feel should be known to school authorities? ☐ Yes ☐ No

If yes, please explain: _____

Pennsylvania school health laws require every student of school age be given a physical and dental exam upon original entry into school. New students that transfer to our district, regardless of grade, are required to have a physical and dental exam if there is no Pennsylvania school record available. Please state if you prefer to have the exam completed by your family doctor/dentist or by the school doctor/dental hygienist:

☐ Family Physician
☐ Family Dentist

☐ School Physician
☐ School Dentist

Please continue on reverse side.

IMPORTANT: PROOF OF IMMUNIZATION IS REQUIRED TO REGISTER FOR SCHOOL
Please provide the school with an updated copy of your student's immunization record.
We must receive a copy of this record for your student to start school.

The school has permission to give my student the following medications if needed necessary:

☐ Yes	☐ No	Antacid	☐ Yes	☐ No	Orajel/Anbesol
☐ Yes	☐ No	Benadryl	☐ Yes	☐ No	Antibiotic Ointment
☐ Yes	☐ No	Throat Lozenges/ Cough Drops	☐ Yes	☐ No	Anti-Itch Cream/Lotion
☐ Yes	☐ No	Visine Eye Drops	☐ Yes	☐ No	Midol
☐ Yes	☐ No	Tylenol or Ibuprofen	☐ Yes	☐ No	Hydrocortisone 1% Cream/Lotion

Emergency Contact Information

Emergency Contact #1: _____
Emergency Contact #1 Phone: (H): _____ (W): _____ (C): _____
Relationship to Student: _____

Emergency Contact #2: _____
Emergency Contact #2 Phone: (H): _____ (W): _____ (C): _____
Relationship to Student: _____

Emergency Contact #3: _____
Emergency Contact #3 Phone: (H): _____ (W): _____ (C): _____
Relationship to Student: _____

Procedure in case of major illness/accident:

1. Parent/Guardian will be contacted
2. If this fails, family doctor will be called
3. If neither parent /guardian nor family doctor can be contacted, the school doctor or any other doctor will be called.

In all cases, the welfare of the student will be the first consideration. Any medical expenses incurred shall be the responsibility of the parent/guardian. If any parent/guardian does not agree with this procedure, they should notify the school and submit an alternate plan for their student.

If emergency treatment is required, may school authorities use their own judgment in sending the student to the WellSpan Gettysburg Hospital or doctor most easily accessible providing none of the above listed people can be reached?

☐ Yes ☐ No

I hereby verify that the information set forth above is correct and should be included in my student's school record.

Parent/Guardian Signature: _____

Date: _____