



# Saint Joseph School, Hanover

## SOUTH WESTERN SCHOOL DISTRICT

225 Bowman Road, Hanover, Pennsylvania 17331-4297 (717) 632-2500

### HEALTH HISTORY

School \_\_\_\_\_ Date \_\_\_\_\_

The information requested on this form will be of help to the school in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity.

1. Name of child \_\_\_\_\_  
Last First Middle
2. Address \_\_\_\_\_ Sex \_\_\_\_\_ M \_\_\_\_\_ F  
\_\_\_\_\_  
Telephone # \_\_\_\_\_
3. Age \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Month Day Year
4. Father/Guardian's Name \_\_\_\_\_
5. Mother/Guardian's Name \_\_\_\_\_
6. Mother's Maiden Name \_\_\_\_\_
7. Child lives with both parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Other \_\_\_\_\_
8. Person with whom child lives (if other than parent) \_\_\_\_\_
9. Number of children in family \_\_\_\_\_
10. Person to be called in case of an emergency \_\_\_\_\_  
Telephone# \_\_\_\_\_
11. Name of child's physician \_\_\_\_\_ Phone # \_\_\_\_\_  
Name of child's dentist \_\_\_\_\_ Phone # \_\_\_\_\_
12. Please check if your child has had the following diseases:  
Chickenpox \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Scarlet Fever \_\_\_\_\_  
Tuberculosis \_\_\_\_\_ Measles \_\_\_\_\_
13. Last school attended \_\_\_\_\_  
Name \_\_\_\_\_  
Address \_\_\_\_\_

14. Has your child had any of the following? Give details:

ADD/ADHD \_\_\_\_\_ List medications \_\_\_\_\_

Allergy \_\_\_\_\_

Asthma \_\_\_\_\_ List medications \_\_\_\_\_

Beesting reaction \_\_\_\_\_

Ear infections/tubes \_\_\_\_\_

Emotional problems \_\_\_\_\_

Head injury \_\_\_\_\_

Surgery (note type) \_\_\_\_\_

Recurring illness \_\_\_\_\_

Serious accidents \_\_\_\_\_

Other \_\_\_\_\_

15. Were there any complications during the pregnancy, birth, or development of this child? Explain:

\_\_\_\_\_

\_\_\_\_\_

16. Is your child presently under medical treatment or taking medication? \_\_\_\_\_ Explain:

\_\_\_\_\_

\_\_\_\_\_

17. Does your child wear glasses? \_\_\_\_\_

18. Does your child have a hearing loss? \_\_\_\_\_

19. List any illness or health problem which you and your physician feel should be known to school authorities.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of Parent or Guardian

\_\_\_\_\_  
Signature of Registrar