Souderton Charter School Collaborative
School Health Services
HEALTH HISTORY

To Parents/Guardians: The information requested on this form will be of help to the school in determining the health status of your child and will help the school in assisting him/her to receive the maximum benefits from the educational opportunities available in our school. Please complete it fully and return it to us.

Student Name _____
Last First Middle
Birthdate _____ Birthplace: _____
Father's Last Name: _____First: _____
Mother's Last Name: _____First _____
Home Telephone Number _____
Home Address _____
Person with whom student lives, if other than parent:
Last _____ First _____ Relationship _____

If your child has had any of the following, provide dates:

	Date		Date
Diabetes	_____	Hearth Problems	_____
Hypoglycemia	_____	Broken Bones	_____
Asthma/Wheezing	_____	Head Injuries	_____
Bronchitis	_____	Removal of Adenoids/Tonsils	_____
Pneumonia	_____	Eating/Feeding Problems	_____
Strep Infection	_____	Hospitalizations/Surgeries	_____
Scarlet Fever	_____	Vision Correction	_____
Ear Infections	_____	Attention Deficit Disorder	_____
Hepatitis	_____	Behavior Problems	_____
Chicken Pox	_____	Allergies (list)	_____
Whooping Cough	_____	Convulsions/Seizures/Fainting	_____

Note any complications to above:
_____
Note Any History of the Following Diseases in the Family:
Heart Disease (Rheumatic Fever) _____ Diabetes _____
Tuberculosis _____ Epilepsy _____ Asthma _____
Vision Problems _____ Hearing Problems _____
Allergies (list) _____

Remarks or recommendations concerning your child's health:
_____
Is your child under medical treatment or on medication? Yes No
If yes, for what reason in your child taking medication? _____

Signature of Parent/Guardian _____ Date: _____