

MINISINK VALLEY CENTRAL SCHOOL

Slate Hill, NY 10973

Health History for School Year 20____ - 20____

Student's Name: _____ Grade: _____ Teacher: _____ Bus #: _____

Home Address: _____ Phone: _____

1. List the parent/guardian with whom the child resides.

Father's Name: _____ Mother's Name: _____

Father's Place of Business: _____ Mother's Place of Business: _____

Business Phone: _____ Business Phone: _____

Father's Cell: _____ Mother's Cell: _____

2. List who we may contact in the event the child becomes ill and the parent/guardian is not at home.

Name: _____ Relationship: _____ Phone: _____ Cell: _____

Name: _____ Relationship: _____ Phone: _____ Cell: _____

3. Has your child, during the past vacation period, had any illness, injury or operation? If so, please describe and indicate the date of illness, injury or operation.

4. Has your child received immunizations or test not previously reported? If so, please write the name and date of **each** immunization.

5. Is there anything concerning the health of your child that the school should know in order to give the child special care?

6. Is your child presently taking medication? If so, please indicate name, dosage and reason.

7. Family Physician: _____ Phone: _____

8. My child was/will be examined by Dr. _____ on (date) _____

***IT IS VITALLY IMPORTANT THAT THIS INFORMATION BE KEPT UP TO DATE.
PLEASE NOTIFY THE SCHOOL OF ANY CHANGES THAT MAY OCCUR DURING THE YEAR.***

Parent/Guardian Signature: _____ Date: _____

*Please return this form to the nurse's office when completed. Thank you.