



**EXCELLENCE
TODAY
FOR TOMORROW**

Rose Tree Media School District
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Media, Pennsylvania 19063-2493
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*James M. Wigo, Sr.
Superintendent of Schools*

*Eleanor DiMarino-Linnen, Ph.D.
Director of Pupil Services
and Special Education*

HEALTH HISTORY

The following information will assist the school nurse in the planning and care of your child. Any information you provide is confidential and will not be disclosed without your consent.

NAME OF CHILD _____

CHILD'S DATE OF BIRTH _____ CHILD'S GENDER _____

MOTHER'S NAME _____ MAIDEN NAME _____

FATHER'S NAME _____

GUARDIAN'S NAME _____ RELATION TO CHILD _____

Has your child experienced difficulty with or had any of the following (if yes, explain below)?

Asthma	Y	N	Chicken Pox	Y	N
Allergies	Y	N	Eyes/Vision	Y	N
Diabetes	Y	N	Ears/Hearing	Y	N
Seizures	Y	N	Mouth/Dental	Y	N
Emotional/Behavioral	Y	N	Stomach/Bowels	Y	N
Premature Birth	Y	N	Kidney/Bladder	Y	N
Serious Injury/Illness	Y	N	Bone/Muscle	Y	N
Arthritis	Y	N	Heart/Lungs	Y	N
Frequent Headaches	Y	N	Skin	Y	N
Surgery	Y	N	Developmental Delay	Y	N

Does your child have any medical conditions? _____

Is your child currently on medication? (list any over the counter or prescription) _____

Is there any other information you feel would be helpful in caring for your child? _____

Name of Person Completing this Health History

Relationship to Child

Date