

**CENTRAL DAUPHIN SCHOOL DISTRICT
SCHOOL HEALTH SERVICES DEPARTMENT
ANNUAL HEALTH SURVEY**

TO PARENTS OR GUARDIAN: The information requested on this form will be of help to the school nurse in determining the health status of your child and in assisting him/her to receive maximum benefits from his/her educational opportunity. Please feel free to contact the nurse if you have any questions to discuss, or information you wish to share.

Parents please note: Certain information may be shared with other staff members when the Certified School Nurse deems it necessary for the health and safety of the student.

Please return this form to your School nurse as soon as possible!

Student's Name _____ Grade _____
Room _____ Class Section _____
Physician's Name _____ Phone # _____

During the past year has your child:

Had an illness, serious injury or operation? _____ Yes No

If yes, please describe it. _____

Is your child still under treatment? _____ Yes No

If yes, name physician _____

Should your child be restricted from participating in school sports or gym? _____ Yes No

If yes, please provide recommendations from your physician in writing.

Does your child have any life threatening allergies which require medical attention at school? _____ Yes No

These allergies must be documented with a physician's order for the treatment of allergic reactions, especially bee stings and food allergies _____

Is your child presently taking medication? _____ Yes No

What kind: _____

Dosage required: _____

For what reason: _____

How long has your child been taking medication: _____

NO MEDICATION IS ADMINISTERED BY SCHOOL PERSONNEL UNLESS SPECIFIC WRITTEN INSTRUCTIONS ARE RECEIVED FROM A PHYSICIAN. (This applies to prescription and nonprescription oral and/or topical medications as well)

Please list type and date of immunizations your child received this past year. _____

Have there been any changes in your family during the past year, such as:

Separation, divorce or remarriage? _____ Yes No

Death or serious illness? _____ Yes No

If your child has additional health problems the school should know about, please list them below:

Date

Signature of Parent or Guardian