

# RIDLEY SCHOOL DISTRICT

HEALTH SERVICES DEPARTMENT  
901 MORTON AVENUE,  
FOLSOM, PENNSYLVANIA 19033  
(610) 534-1900 EXT. 1255  
(610) 534-2335 FAX

## HEALTH HISTORY

Child's Name \_\_\_\_\_ Date of Birth \_\_\_\_\_  
Street Address \_\_\_\_\_ Home Phone (Area Code) \_\_\_\_\_  
City, State, Zip \_\_\_\_\_  
Father's Name \_\_\_\_\_ Work Phone (Area Code) \_\_\_\_\_  
Cell phone (Area Code) \_\_\_\_\_  
E-mail address \_\_\_\_\_  
Mother's Full Maiden Name \_\_\_\_\_ Work Phone (Area Code) \_\_\_\_\_  
Cell phone (Area Code) \_\_\_\_\_  
e-mail address: \_\_\_\_\_  
Do parents live together? Yes or No \_\_\_\_\_  
Adults with whom child lives (if other than parents): \_\_\_\_\_  
Were there any significant pre-natal or birth factors such as RH factor, pre-maturity? Yes or No  
If yes, indicate the factor(s) \_\_\_\_\_

Does Your Child Have:	Please Circle		Has Your Child Had:	Please Circle	
Frequent colds	yes	no	A blood transfusion	yes	no
Frequent sore throats	yes	no	Tonsillectomy/Adenoidectomy	yes	no
Diabetes	yes	no	Head injury (unconscious)	yes	no
Asthma	yes	no	Convulsions/seizures	yes	no
Speech problem	yes	no	Chicken Pox	yes	no
Earaches	yes	no	Scarlet Fever	yes	no
Frequent nightmares	yes	no	Tuberculosis (self/family)	yes	no
Vision loss	yes	no	Rheumatic Fever	yes	no
Hearing loss	yes	no	Pneumonia	yes	no
Poor eating habits	yes	no	Hepatitis	yes	no
Emotional problems	yes	no	Heart problem	yes	no
Enuresis (bedwetting)	yes	no	Epilepsy or other seizure disorder	yes	no
Difficulty sleeping	yes	no			
Allergies (list)	yes	no			

### Developmental Patterns:

Did your child crawl? yes no      Is your child presently under medical treatment? yes no  
Is your child on medication? yes no      If yes, indicate the reason \_\_\_\_\_  
Does your child stumble, fall or bump into things frequently? yes no      Is your child easily understood by others? yes no  
Age child talked (words) \_\_\_yrs. \_\_\_months      Age child spoke (sentences) \_\_\_yrs. \_\_\_months  
Age child walked \_\_\_yrs. \_\_\_months

Please comment below on any "yes" answers from above. Also list hospitalizations, surgeries, serious accidents, or other illnesses or conditions, which you feel that the school should know. All information will remain confidential except in cases where the classroom teacher would need to know about a student's medical condition for the benefit of the student

Parent Signature \_\_\_\_\_ Parent name (printed) \_\_\_\_\_ Date \_\_\_\_\_

*It is the mission of the Ridley School District to create a caring environment that gives all students the opportunity to achieve their fullest personal and academic potential in order to become productive and responsible citizens.*