

RIDLEY SCHOOL DISTRICT

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

HEALTH HISTORY PERMISSION FORM (INITIAL HISTORY)

STUDENT NAME _____ GRADE _____ DATE _____

THE NATURE OF THIS HEALTH HISTORY

I understand that the information I give to the School Nurse is important for the school staff to know and that it will help them to promote the health and education of my child. I understand that the information will be kept confidential by the school Health Staff, and will be shared with other professionals in the school only when the School Nurse/Nurse Practitioner/School Physician believes that it is in the best interest of my child's health and education.

Copies of this health history will be sent to other agencies that request it only with my written permission.

Signature of Parent/Guardian _____ DATE _____

Name of Parent/Guardian (printed) _____

EXPLANATION OF HEALTH SERVICES

The following health services are provided to every student in the Ridley School District in compliance with Pennsylvania State Law:

Every year every student:	Height, weight, vision screening, BMI
K, 1, 2, 3, 7 and 11th Grade:	Hearing screening
K, 1, 3, and 7th Grade:	Dental-by school/family dentist
K or 1, 6, and 11th Grade	Physical-by school/family doctor
6th and 7th Grade:	Scoliosis screening

I understand the above screening and examination results will become a part of my child's permanent health record.

Signature of Parent/Guardian _____ 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.

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) _____

Do parents live together? Yes or No e-mail address: _____

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.