

**METHACTON SCHOOL DISTRICT
STUDENT HEALTH FORM
SCHOOL YEAR: 2024-2025**

STUDENT NAME _____ **ID#** _____

GRADE _____ **BIRTHDATE** _____ **BUILDING** _____

GENDER _____

EMERGENCY CONTACT INFORMATION:

PARENT / GUARDIAN NAME: _____ **CELL #** _____

EMAIL _____ **WORK #** _____ **HOME#** _____

PARENT / GUARDIAN NAME: _____ **CELL #** _____

EMAIL _____ **WORK #** _____ **HOME #** _____

Child Lives with: (ie: mother, father, guardian, other) _____

Custody Information on File at School? ____ YES ____ NO ____ N/A

Other Contacts Not Listed Above My Child May Be Released To:

NAME & RELATIONSHIP (TO CHILD)

PHONE #

1. _____

2. _____

3. _____

Siblings in Methacton School District/ Grade: _____

I GIVE PERMISSION FOR MY CHILD TO BE ADMINISTERED THE FOLLOWING BY SCHOOL HEALTH PERSONNEL (Approved by School Doctor) **(Please Check YES or NO)**

IBUPROFEN (ADVIL) ____ YES ____ NO

ACETAMINOPHEN (TYLENOL) ____ YES ____ NO

THROAT SPRAY ____ YES ____ NO

COKE SYRUP ____ YES ____ NO

PEPTO BISMOL ____ YES ____ NO

TUMS ____ YES ____ NO

BENADRYL ____ YES ____ NO

LOZENGES ____ YES ____ NO

NEOSPORIN ____ YES ____ NO

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STUDENT NAME: _____ **GRADE** _____

MEDICAL HISTORY

ALLERGIES ___ YES ___ NO **TYPE** _____ **EPI PEN** ___ YES ___ NO
ASTHMA ___ YES ___ NO **INHALER** ___ YES ___ NO ___ N/A
SEIZURE DISORDER ___ YES ___ NO

Describe: _____

PRESCRIPTION MEDICATIONS TAKEN AT HOME: _____

DIABETES ___ YES ___ NO ___ TYPE I ___ TYPE II

Method of Insulin Delivery: _____

CARDIAC CONDITION ___ YES ___ NO

Describe: _____

ANNUAL HEALTH UPDATE:

Serious Illness, Injury, Hospitalization or Operation during the past year? ___ YES ___ NO

Describe: _____

Does your Child have a Hearing and/or Vision Disorder? ___ YES ___ NO

Describe: _____

IMMUNIZATION UPDATE:

If your child received any immunizations during the past year, please attach the physician documentation to this form.

I have reviewed this form and certify that all information is complete and accurate. If this information changes during the school year, I will contact the School Nurse with updates.

PARENT/ GUARDIAN SIGNATURE

DATE