

**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

TUMS ___ YES ___ NO

ACETAMINOPHEN (TYLENOL) ___ YES ___ NO

BENADRYL ___ YES ___ NO

THROAT SPRAY ___ YES ___ NO

***LOZENGES** ___ YES ___ NO (>12yrs)

COKE SYRUP ___ YES ___ NO

NEOSPORIN ___ YES ___ NO

PEPTO BISMOL ___ YES ___ NO

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Please turn over for Page 2



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: _____

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