METHACTON SCHOOL DISTRICT
STUDENT HEALTH FORM
SCHOOL YEAR: 2022-2023

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
COKE SYRUP	___YES ___NO	NEOSPORIN	___YES ___NO
PEPTO BISMOL	___YES ___NO		

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.

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PARENT/ GUARDIAN SIGNATURE DATE