INDIAN VALLEY
Nursery School
&
Kindergarten

423 N Main Street, Souderton, PA 18694

Health History Form

To Parent or Guardian: The information requested on this form will help the school nurse in determining the health status of your child and will also help school staff when assisting your child to receive the maximum benefits from the educational opportunities at IVNS. Please complete the form in entirety and promptly return the form to the IVNS school nurse. Thank you!

Student Name: _____ Birthdate: _____ Sex: _____

Birthplace:_____

Father's Name: Last_____ First_____ Middle_____

Mother's Name: Last_____ First_____ Middle_____

Mother's Maiden Name: _____ Phone No: _____

Home Address: _____

Name of person student lives with other than parents:

Last:_____ First:_____ Relationship:_____

If your child had or currently has any of the following, please give dates:

	DATE		DATE
Diabetes		Broken Bones	
Hypoglycemia		Head Injuries	
Pneumonia		Removal of Adenoids/Tonsils	
Bronchitis		Other Surgery	
Ear Infection(s)		Vision Correction	
Whooping Cough		Scarlet Fever	
Chicken Pox		Strep Infection	
Convulsions/Seizures/Fainting		Asthma/Wheezing	
Heart Problems		Allergies (List)	

Note any complications to above:_____

_____

Note any history of the following diseases in the family:

Heart Disease_____ Diabetes_____ Turberculosis_____ Vision Problems_____ Asthama_____

Epilepsy_____ Hearing Problems_____ Allergies (List)_____

Remarks or recommendations concerning your child's health _____

_____

Is your child under medical treatment or medication?

☐ Yes Reason or medication _____

☐ No

Signature of Parent or Guardian:_____ Date:_____