



# ELLWOOD CITY AREA SCHOOL DISTRICT

501 CRESCENT AVE. ELLWOOD CITY, PA 16117

PHONE: (724)752-1591 FAX: (724)758-0534

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## **STUDENT HEALTH HISTORY**

*The information requested on this form will enable school personnel to assess your child's health status to help him/her receive the maximum benefit from the educational experience.*

Student's Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Male or Female

Does your child take any medication? Yes or No

If "yes":

Name of Medication: \_\_\_\_\_

Dose and Route: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

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- YES**, my child receives regular medical/health care for the following conditions  
 **NO** medical conditions

**ADD/ADHD** (medication): \_\_\_\_\_

**Allergy** (food, medication, bees or insects, other): \_\_\_\_\_

Describe reaction: \_\_\_\_\_

List Treatment: \_\_\_\_\_

**Diabetes** (medication) \_\_\_\_\_

List Treatment: \_\_\_\_\_

**Seizures** (medication): \_\_\_\_\_

List Treatment: \_\_\_\_\_

Asthma  Blood Disorders  Bone, Joint, or Muscle Problems

Dental Problems  Ear / Hearing Problems  Environmental / Seasonal Allergies

Fainting/Dizziness  Head Injury / Concussion  Heart Problems

Hospitalizations / Surgeries  Kidney / Bladder Problems

Serious Illness / Accidents / Fractures  Severe Headaches / Migraines

Stomach / Intestinal Problems  Vision Problems

Significant Family Medical

History: \_\_\_\_\_

Other Physical / Behavioral / Emotional Problems: \_\_\_\_\_

COMMENTS: \_\_\_\_\_

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*I grant permission to share this health information with necessary staff in the care of my child.*

Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_ Date: \_\_\_\_\_

## ELLWOOD CITY AREA SCHOOL DISTRICT

### Student Health History cont...

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#### Student Info:

Student's Name: \_\_\_\_\_

Mother's Name: \_\_\_\_\_

Father's Name: \_\_\_\_\_

#### Siblings:

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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Name: \_\_\_\_\_ Age: \_\_\_\_\_ School: \_\_\_\_\_

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## Health Information Reminder for Grades 7 - 12

#### Health Examinations:

Physical and Dental exams are required by the State. Your child will be given private forms to be completed by your physician or dentist. If these forms are not returned, information will be sent home to schedule your child as follows:

**Physical Exam:** Grade 11

**Dental Exam:** Grade 7

**Scoliosis Exam:** Grade 7

#### Immunizations:

- 1 dose of tetanus, diphtheria, acellular pertussis (Tdap) on the first day of 7th grade
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 7th grade
- 1 dose of meningococcal conjugate vaccine (MCV) on the first day of 12th grade