Mifflin County School District Health Information Form

Name of School: Current Grade:							
Student's Name:							
Last		First		Middle			
Student's Date of Birth:/	Sex:						
Student's Address:				City:	State:	Zip:	
Name of Mother or Legal Guardian:				Phone:	Work or	Cell:	
Name of Father or Legal Guardian:							
Emergency Contact:				_ Phone:	Work of	r Cell:	
					Yes		
Condition	Yes	Comments	Diahatas	Condition Diabetes		Comments	
Allergies (food, insects, drugs, latex) Allergies (seasonal)	+-+			Head Injury, Concussions			
Asthma or Breathing Problems	+			Hearing Problem or Deafness		_	
Attention-Deficit/Hyperactivity Disorder	++			Heart Problems			
Behavioral problems	+ +		Lead Poisoning				
Developmental problems	+-+		Muscle Problems		+		
Bladder Problems	+		Seizures Seizures		1		
Bleeding Problems	+		Sickle Cell Disease (Not Trait)		1		
Bowel Problem	+			Speech Problem			
Cerebral Palsy	+			Spinal Injury			
Cystic Fibrosis	+-+		Surgery				
Dental Problems	+			Vision Problems			
List all Prescription, over-the-counter, and h Please provide the following information:		cations your child tak	es regularly: 				
	Name			Phone		Date of Last Appointment	
Pediatrician/Primary Care Provider		1 (42222				<u> </u>	
Specialist							
Dentist							
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I,(do) in the school setting to discuss my cl authorization will be in place until or child's school. When information is r child's health or scholastic record. Signature of Parent or Legal Guardia	hild's hea unless you eleased fr	Ith concerns and/o w withdraw it. You om your child's rec	r exchange in may withdraw ords, documen	nformation pertaining we wour authorization of the disclos	ng to this f at any tim ure is mair	te by contacting your ntained in your	
I give my permission for school provide my child.	d dental so	creenings in Grades	K, 3, & 7 if I	do not provide proof	f of a priva	te dental for	
Parent/Guardian Sig	gnature				Da	ate	
I give my permission for school provide exam for my child.	d physical	l exam in Grades K,	6, & 11 if I d	lo not provide proof o	of a private	physical	
Parent/Guardian Signature					Date		