

**BRENTWOOD SCHOOL DISTRICT
HEALTH HISTORY FORM**

Please return this form to the Health Office at Swasey Central School
355 Middle Rd, Brentwood, NH

Child's name _____ Birth Date _____ Sex _____

Address _____ Home phone _____

Child's Doctor _____ Phone _____

Child's Dentist _____ Phone _____

IN CASE OF EMERGENCY, IF YOU CANNOT BE REACHED, YOUR CHILD WILL BE TAKEN TO THE NEAREST HOSPITAL.

FAMILY: Please list below any adults and children living in the immediate household. Please include any other members of the *immediate family* not living at home as well.

Name	Age	Relation to Student	Occupation/Grade	Living at Home

Evaluation Information:

Describe any school related problems other family members have experienced:

Has your child been evaluated in any of the following areas, and if so, please provide copies of any relevant reports: (please check all that apply)

Auditory _____ Intelligence _____ Neurological _____ Visual _____ Physical _____
Psychological _____ Speech & Language _____ Occupational Therapy _____

Has your child received any services from the Early intervention Program: (circle) YES NO

Describe _____

Medical History:

(Please check any illness or problems the child has had)

Asthma _____	Developmental Delay _____	Diabetes _____
Ear Infections _____	Ear Tubes _____	Eye Problem _____
Fracture _____	Headaches _____	Head Trauma _____
Heart Problem _____	Hernia _____	Hospitalization _____
Physical Defect _____	Seizures _____	Surgery _____

If you have checked any of the above, please describe the illness in detail, including age at onset or diagnosis, and any length of time hospitalized: _____

Please indicate any allergies your child has to:

FOOD _____

DRUG _____

ENVIRONMENTAL _____

OTHER _____

Is your child seeing a physician other than previously listed for a special medical condition? _____

Name of Doctor _____ Phone _____

Reason _____

How would you rate your child's general health: (circle) EXCELLENT GOOD POOR

Signature of Parent/Guardian _____ **Date** _____