

THE SCHOOL DISTRICT OF PHILADELPHIA
STUDENT MEDICAL INFORMATION

This form is to be used for new students and capturing annual updates.

Last Name:	First Name	Date of Birth	Date:
Name of School:	Room/Section:	Grade:	

Dear Parent/Guardian:

Pennsylvania law requires that all children must have a complete checkup when entering school for the first time and again in middle and high school.

The school nurse can help you with information regarding health insurance. There are free and low-cost insurance plans for which your family may qualify. Please take the attached form to your doctor or clinic when you take your child for this checkup and return the completed form to the school nurse by _____

I authorize the school nurse to communicate with my child's health care provider and my health care provider to reply as needed regarding my child's care.

Parent/Guardian Signature _____ Date _____

STUDENT'S MEDICAL HISTORY - TO BE COMPLETED BY PARENT/GUARDIAN

1. Does your child have health insurance? __Yes __ No Company? _____

2. Where do you take your child for checkups? _____

Address: _____

Phone: _____ Fax: _____

3. Date of child's last physical examination? _____

4. Where do you take your child for dental care? _____

Address: _____

Phone: _____ Fax: _____

5. Date of child's last dental examination? _____