DAUPHIN COUNTY TECHNICAL SCHOOL OFFICE OF SCHOOL NURSE ANNUAL HEALTH SURVEY

Name			Grade	Home	School	
Last	First	M.I.				
During past year has your child had a serious injury or illness? (describe on back of sheet, if necessary)			?	Yes	No	
Is child still under treatment?	,			Yes	No	
Should your child be restricted form participating in gym class? If yes, please provide school with documentation from physician.			Yes	No		
Does your child have severe al such as bee stings? If your chi please send one into the nurse'	ld needs an epi-pen			Yes	No	
Is your child taking routine, on-going medication (not antibiotic for infection). If so, what does he/she take? What is the dosage?			Yes	No		
Has your child had any immunizations during this past year? Please list.			Yes	No		
Are there any family changes during this past year which might affect your child's performance?				Yes	No	

Please use the back of this paper to explain or further detail any issues or illness that the nurse's office should be aware of.

If you wish for your child to take medication for headache, cramps, backache, stomach upset, etc., please provide a new, un-opened container of that medication along with a doctor's note and your signature allowing the school nurse or aide to dispense the medication to him/her. The school will no longer provide these medications.

In the event that the parents/guardians listed on the emergency card cannot be contacted, I give permission to the staff of the Dauphin County Technical School to contact Emergency Medical Services to transport my child to the hospital for EMERGENCY CARE.

My hospital preference is:	
Parent/Guardian signature	Date

Please contact the school nurse if you have questions, concerns or information you wish to share.

Tina D'Angelo, CSN