CENTRAL DAUPHIN SCHOOL DISTRICT

ANNUAL HEALTH SURVEY

- Please return this form to your school nurse as soon as possible
- Certain information may be shared with other school staff members when the Certified School Nurse deems it necessary for the health and safety of the student
- Parents are responsible to share medical concerns with the bus driver

Student's Legal Name		Grade		
Physician's name		Phone		
Does your child have any of the	nese ongoing health	conditions:		
Asthma	_ Seizure Disorder	Diabetes Type 1	Тур	pe 2
Life Threatening Al	lergy (Must be docur	mented with a physician'	s treat	ment order)
Other				
During this past year, has you	r child had:			
Serious illness, injury,		Yes	No	
If yes, please d	escribe			
Is your child still unde		Yes _	No	
If yes, physicia	n's name			
Is your child presently taking		Yes_	No	
Name of med:	Dose:	Reason:		When started:
Have there been any family serious illness)?	-		•	
the medication policy	on the district webs	iires a written doctor's d iite copy of the immunizat		
Date:Parei	nt signature:			
DPS 112 (10/2013)				