

**ST. PAUL'S EPISCOPAL NURSERY SCHOOL**  
**1066 Washington Road**  
**Pittsburgh, PA 15228**  
**(412) 531-2644**

**HEALTH INFORMATION FORM**

Teacher/Class \_\_\_\_\_

Child's Name \_\_\_\_\_

Health Insurance Plan \_\_\_\_\_

ID # \_\_\_\_\_ Group # \_\_\_\_\_

(OR attach copy of insurance card – all information on this form is strictly confidential and will only be released to individuals included on the release form below.)

Child's Dentist \_\_\_\_\_ Dentist Phone # \_\_\_\_\_

Child's Physician \_\_\_\_\_ Physician Phone # \_\_\_\_\_

Date of last physical \_\_\_\_\_ (Child must have been examined within last 12 months)

Findings \_\_\_\_\_

If your child has any significant health problems, please specify: \_\_\_\_\_

Please complete the following information for your child:

Eye examination \_\_\_\_\_ Problems \_\_\_\_\_

Hearing Test \_\_\_\_\_ Problems \_\_\_\_\_

Dentist Appointment \_\_\_\_\_ Problems \_\_\_\_\_

Surgery or other hospitalizations \_\_\_\_\_

What medication(s) does your child take frequently or regularly? \_\_\_\_\_

What for? \_\_\_\_\_

Please note if your child has any of the following:

Asthma, bronchitis \_\_\_\_\_

Ear infections \_\_\_\_\_ Tubes \_\_\_\_\_ Hearing Loss \_\_\_\_\_

Chicken pox \_\_\_\_\_

Allergies (please specify) \_\_\_\_\_

Speech problems \_\_\_\_\_

Emotional problems \_\_\_\_\_

Other \_\_\_\_\_

Individuals authorized to have access to health information:

School personnel \_\_\_\_\_

Medical emergency personnel \_\_\_\_\_

Others \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_

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**Attach a copy of your child's current immunization record (no physician signature necessary with this option) OR specify below the month, day, and year of your child's immunizations with your physician's signature.**

DPT (Diphtheria, Whooping Cough, Tetanus) \_\_\_\_\_

OPV (Polio) \_\_\_\_\_

MMR (Mumps, Measles, Rubella) \_\_\_\_\_

Hib (haemophilus B) \_\_\_\_\_

Tetramune (combination shot – DPT & Hib) \_\_\_\_\_

Hepatitis B \_\_\_\_\_

**Physician's Signature** \_\_\_\_\_ **Date** \_\_\_\_\_