

TIMBERLANE/HAMPSTEAD SCHOOL DISTRICTS
 School Administrative Unit No. 55
 30 Greenough Road, Plaistow, NH 03865
 (603) 382-6119

SCHOOL HEALTH SERVICES

HEALTH HISTORY

Parent/Guardian:

Please complete this questionnaire to the best of your ability and return it promptly to the school nurse. This information is kept for each student's medical record and is of great importance to the school nurse in understanding and helping safeguard your child's health.

A. Child's Name _____ Today's Date _____
 School: _____ Grade _____ Teacher _____
 Birth Date _____ Place of Birth _____
 Address _____ Home Phone _____
 Father's Name _____ Phone (if different) _____
 Address (if other than child's) _____
 Business Address _____
 Occupation _____ Work Phone _____
 Mother's Name _____ Phone (if different) _____
 Address (if other than child's) _____
 Business Address _____
 Occupation _____ Work Phone _____
 Child living with: both parents [] mother [] father [] guardian []
 Guardian Name _____ Phone _____
 Address _____
 Child's Doctor _____ Phone _____
 Address _____
 Child's Dentist _____ Phone _____
 Address _____

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

B. List below names, birth dates and sex of brothers and sisters.

<u>Name</u>	<u>Date of Birth</u>	<u>Sex</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any family health problems which create a problem for you? Yes [] No []
 If yes, please explain.
