



MINERSVILLE AREA SCHOOL DISTRICT  
SCHOOL HEALTH SERVICES

**MEDICAL REGISTRATION FORM**

DEMOGRAPHIC DATA:

Student's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Grade: \_\_\_\_\_ Male  Female   
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Alt. Phone: \_\_\_\_\_  
Parents/Guardian names: \_\_\_\_\_  
Siblings (names & ages): \_\_\_\_\_  
\_\_\_\_\_

HEALTH HISTORY:

Child's Doctor: \_\_\_\_\_ Date of last Dr. Visit: \_\_\_\_\_  
Child's Dentist: \_\_\_\_\_ Date of last Dental Exam: \_\_\_\_\_

*Medications-* List all medications student takes and reason: \_\_\_\_\_  
\_\_\_\_\_

*Note: We encourage all medication to be administered at home. However, if your child will require administration of medications during the school day a parental permission form and original physician's order must be provided to the school nurse.*

*Allergies:* \_\_\_\_\_ *Reaction:* \_\_\_\_\_  
Has the child ever required use of an Epi-pen for an allergic reaction: \_\_\_\_\_

Health Conditions:

Please check below and provide date of diagnosis if your child has any of the following conditions:

ADD/ADHD \_\_\_\_\_ Arthritis/Joint Problems \_\_\_\_\_ Asthma \_\_\_\_\_ Birth Defects \_\_\_\_\_  
Blood Disorder \_\_\_\_\_ Bowel Problems \_\_\_\_\_ Cancer \_\_\_\_\_ Developmental Delays \_\_\_\_\_  
Diabetes \_\_\_\_\_ Hearing Problems \_\_\_\_\_ Heart Problems \_\_\_\_\_ Learning Problems \_\_\_\_\_  
Mental Health Issues \_\_\_\_\_ Migraines \_\_\_\_\_ Physical limitations \_\_\_\_\_ Seizures \_\_\_\_\_  
Skin disorders \_\_\_\_\_ Stomach/Digestive Problems \_\_\_\_\_ Urinary issues \_\_\_\_\_

Other serious health or emotional concerns: \_\_\_\_\_  
History of Hospitalizations: \_\_\_\_\_



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OTHER CONCERNS:

Please share other information or concerns about your child's emotional, physical, or developmental growth:

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Please share any family circumstances or behavioral concerns you may have about your child:

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Does your child currently have an IEP or 504 Plan? YES  NO

Parent/Guardian: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Printed Name

Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature