



GREEN TOWNSHIP SCHOOL DISTRICT  
CHILD CARE PROGRAM

HEALTH HISTORY

Student Name: \_\_\_\_\_

Grade: \_\_\_\_\_

DOB: \_\_\_\_\_

Please provide as much information in this section as possible.

Present Medical Problems: \_\_\_\_\_  
\_\_\_\_\_

Special care required: \_\_\_\_\_

Any known **Allergies**: \_\_\_\_\_

Asthma: \_\_\_\_\_

Medicine taken regularly: \_\_\_\_\_

Chronic or Recurring Illnesses: \_\_\_\_\_

Epi-Pen and Inhalers must be provided by the Parent/Guardian.

Has your Doctor certified that your child can self-administer his/her inhaler and/or Epi-Pen?

Yes: \_\_\_\_\_ No: \_\_\_\_\_

A nurse is not available for the AfterCare program.

The Child Care Staff will NOT administer medications, including over the counter medications.

Family Physician: \_\_\_\_\_

Phone: \_\_\_\_\_

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date