PROJECT D.E.E.P. (DORCHESTER EDUCATIONAL ENRICHMENT PROGRAM) HEALTH INFORMATION FORM

			AGE:	
PARENT or GUARDIAN:			PHONE:	PHONE:
HOME ADDRESS:				
NSURANCE CARRIER:	POLICY or GRO	UP № :	HOLDEF	₹:
	- EMERGENCY CONTACT PERSONS:	INCLUDE	NAME, RELATIONSHIP, and F	
EMERGENCY CONTACT #1:			RELATIONSHIP:	PHONE:
EMERGENCY CONTACT #2:			RELATIONSHIP:	PHONE:
PHYSICIAN CONTACT:			_ FACILITY:	PHONE:
CURRENT MEDICATION	5		ALLERGIES	
NAME	DOSAGE and DOSING SCHEDULE			DESCRIBE REACTION BELOW
			□ ENVIRONMENTAL or SE	ASONAL
			□ INSECT or BEE	
□ I AUTHORIZE THE ADMINISTRATION OF ACETAMINOPHEN OR TYLENOL TO MY CHILD, IF REQUESTED, AT THE PHYSICIAN'S RECOMMENDED DOSAGE.			□ NO KNOWN DRUG ALLE	ERGIES
		00,102.		
	STUDENT H	ΕΔΙ ΤΗ	HISTORY	
IF YOU CURRENTLY HAVE OR H	HAVE HAD ANY OF THE FOLLOWING,			DX. EXPLAIN IN THE SPACE BELOW
SKIN	RESPIRATORY	MUSCL	JLOSKELETAL	Other MENTAL HEALTH
Eczema	☐ Asthma☐ Bronchitis			
				ENDOODINE
Insect bites of Stings Poison by Oak Sumac etc.			k, Spine, Disc, Joint Problems	
Poison Ivy, Oak, Sumac, etc.	Chronic Cough	🗆 Frac	ctures or Dislocations	Diabetes
 □ Poison Ivy, Oak, Sumac, etc. □ Rash 		□ Frac □ Frec	ctures or Dislocations quent Back Pain	
 □ Poison Ivy, Oak, Sumac, etc. □ Rash 	Chronic Cough	□ Frac □ Frec □ Join	ctures or Dislocations quent Back Pain t Disease	Diabetes
 □ Poison Ivy, Oak, Sumac, etc. □ Rash □ Other SKIN 	Chronic CoughPneumonia	 □ Frac □ Frec □ Join □ Scol 	ctures or Dislocations quent Back Pain t Disease liosis	 Diabetes Other ENDOCRINE
 □ Poison Ivy, Oak, Sumac, etc. □ Rash □ Other SKIN 	 Chronic Cough Pneumonia CARDIAC Chest Pain 	 □ Frac □ Frec □ Join □ Scol 	ctures or Dislocations quent Back Pain t Disease	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia
 Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur 	 Frac Frec Join Scol Other 	ctures or Dislocations quent Back Pain t Disease liosis er MUSCULOSKELETAL	Diabetes Other ENDOCRINE HEMATOLOGIC
 Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness Color Blindness 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur High Blood Pressure 	Frace Free Join Scol Other NEURC	ctures or Dislocations quent Back Pain t Disease liosis	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia Bleeding Disorder
 Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness Color Blindness Eye Injury or Disease 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur High Blood Pressure High Cholesterol 	Frace Free Join Join Scol Othe NEURC	ctures or Dislocations quent Back Pain t Disease liosis er MUSCULOSKELETAL DLOGICAL cussion	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia Bleeding Disorder Clotting Disorder
 Insect Bites or Stings Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness Color Blindness Eye Injury or Disease Wears Contacts or Glasses Other EYES 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur High Blood Pressure High Cholesterol Irregular Heart Rate 	Frace Free Join Scol Othe NEURO Con Dizz	ctures or Dislocations quent Back Pain t Disease liosis er MUSCULOSKELETAL DLOGICAL cussion tiness or Fainting	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia Bleeding Disorder Clotting Disorder Frequent Bruising
 Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness Color Blindness Eye Injury or Disease 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur High Blood Pressure High Cholesterol 	 □ Frac □ Frec □ Join □ Scol □ Othe NEURC □ Con □ Dizz □ Epile 	ctures or Dislocations quent Back Pain t Disease liosis er MUSCULOSKELETAL DLOGICAL icussion tiness or Fainting epsy or Seizures	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia Bleeding Disorder Clotting Disorder Frequent Bruising Iron Deficiency
 Poison Ivy, Oak, Sumac, etc. Rash Other SKIN EYES Blindness Color Blindness Eye Injury or Disease Wears Contacts or Glasses Other EYES 	 Chronic Cough Pneumonia CARDIAC Chest Pain Heart Murmur High Blood Pressure High Cholesterol Irregular Heart Rate Palpitations 	 □ Frac □ Frec □ Join □ Scol □ Othe ■ Con □ Dizz □ Epile □ Frec 	ctures or Dislocations quent Back Pain t Disease liosis er MUSCULOSKELETAL DLOGICAL iccussion tiness or Fainting epsy or Seizures quent Headaches	 Diabetes Other ENDOCRINE HEMATOLOGIC Anemia Bleeding Disorder Clotting Disorder Frequent Bruising Iron Deficiency Sickle Cell Trait or Disease
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■ THE SECTION BELOW <u>MUST</u> BE COMPLETED FOR ATTENDANCE ■

MY CHILD HAS UNDERGONE A PHYSICAL EXAM WITHIN THE LAST YEAR, AND THE HEALTH HISTORY AS DETAILED ABOVE IS CORRECT TO THE BEST OF MY KNOWLEDGE, AND THE PERSON HEREIN HAS THE PERMISSION TO ENGAGE IN ALL PRESCRIBED ACTIVITIES EXCEPT AS NOTED.