



BEDFORD CENTRAL SCHOOL DISTRICT
School Health Services
THE FOX LANE CAMPUS, P.O. BOX 180
MOUNT KISCO, NEW YORK 10549
914-241-6000

Dr. Robert Glass
Superintendent of Schools

Dr. Louis Corsaro
Medical Director

Health History

Name of Student _____
 Male Female **Grade** _____ **Date of Birth** _____

The School Health Services will gladly cooperate with you if your child has any health issues that might affect his/her education. Please update the following questions in order to help us in planning for a positive educational experience for your child.

1. History of serious illness or operations: _____
2. History of asthma/allergies: _____
3. Is your child currently receiving any medical treatment? _____

4. Is your child currently on any medications? Yes No
If yes, please list medication(s) _____
5. Does your child wear glasses? Yes No
Does your child wear contact lenses? Yes No
If yes, under what conditions does he/she wear them? _____
6. Does your child have a hearing difficulty? Yes No
If yes, please describe _____
7. Should your child be restricted from physical activity? Yes No
If yes, please describe _____
8. Are there any special health needs you wish to bring to our attention such as problems of behavior, growth, or nutrition? _____

Please check the appropriate box:
 I give permission to the nurse to share this information with teachers and staff associated with my child's educational experience.
 I do not give permission to the nurse to share this information with teachers and staff associated with my child's educational experience.

Signature of Parent/Guardian