

MONROE COUNTY COMMUNITY SCHOOL CORPORATION—HEALTH HISTORY

TO THE PARENT/GUARDIAN:

Please complete in **BLACK INK**

The Health History is to be completed and signed by parent or guardian. Indiana State Law requires children attending school be immunized against DTP; POLIO; MEASLES; RUBELLA and MUMPS. HEPATITIS B and CHICKEN POX are also required for students entering Kindergarten or Grade One.

Today's Date: _____

Child's Legal Name: _____

Birthdate: _____

Has child ever attended MCCSC? _____ Where? _____ When? _____

Report of Immunizations, Screenings and Tests—Indiana Public Law (IC 20-34-4-1-7)
Immunizations – Please include Month/Day/Year of each immunization

Immunization	1st Dose	2nd Dose	3rd Dose	4th Dose	5th Dose	6th Dose
Diphtheria-Tetanus-acellular Pertussis (DTaP)						
Diphtheria-Tetanus-Pertussis (DTP)						
Pediatric Diphtheria-Tetanus (DT)						
Tetanus-diphtheria-acellular pertussis (Tdap)						
Oral Polio Vaccine (OPV) or						
Inactivated Polio Vaccine (IPV)						
Measles (Hard Measles, Red Measles, Rubeola)						
Mumps						
Rubella (German Measles, 3-day Measles)						
Hepatitis A						
Hepatitis B						
Varicella (Chicken-pox)						
Pneumonia						
Meningitis						

The Monroe County Community School Corporation employs Registered Nurses (RN's). RN's (in the elementary/middle schools) and RN's or appointed school health care personnel (in the high schools) may dispense aspirin, aspirin substitutes or other non-prescription medications when in their professional judgment such remedies are warranted, unless the parent/guardian or physician have given instructions to the contrary. Prior to dispensing such medication, the school nurse shall inquire of the student whether they are allergic to these medications. Should the above student become ill or injured, while in school or on a field trip, first-aid will be given. Further care must be assumed by the parent/guardian. In the event of an emergency, 911 may be called and the parent/guardian notified.

Parent/Guardian Signature _____
SIGNATURE OF PARENT/GUARDIAN REQUIRED FOR TREATMENT AT SCHOOL OR SCHOOL EVENT OR ACTIVITY

SCHOOL SCREENINGS _____ **SCHOOL USE ONLY**

GRADE	VISION TEST DATE	RESULTS/COMMENTS

GRADE	SCOLIOSIS TEST DATE	RESULTS/COMMENTS