

SOUTH MIDDLETON

4 Forge Road

Telephone 717-258-6484



SCHOOL DISTRICT

Boiling Springs, PA 17007

Facsimile 717-258-1214

SPECIAL CONDITIONS REQUIRING ACCOMMODATIONS

Name: _____

Gender: ___ Male ___ Female Birthdate: _____

Address: _____

City: _____ Zip: _____ Home Phone: _____

Mother's Name: _____

Father's Name: _____

PLEASE CHECK IF YOUR CHILD HAS ANY OF THE FOLLOWING CONDITIONS:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anemia | <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Hernia (side) |
| <input type="checkbox"/> Cancer | <input type="checkbox"/> Extreme Reaction to
Insect Bites | <input type="checkbox"/> Speech Difficulties |
| <input type="checkbox"/> Cleft Palate | <input type="checkbox"/> Heart Disease | <input type="checkbox"/> Tuberculosis |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Hepatitis (date) | |
| <input type="checkbox"/> Drug Addiction | | |

Are there any restrictions that would not permit full gym participation? Explain _____

PREGNANCY AND BIRTH:

Did mother have any illnesses during pregnancy? ___ Yes ___ No

Was the mother taking any medications during pregnancy? ___ Yes ___ No

Name of medication: _____

Did the baby come on time? ___ Yes ___ No

Was it a long or complicated delivery? ___ Yes ___ No

Was the infant placed in an incubator? ___ Yes ___ No

MEDICATION:

- Medication should be given to the student during at-home hours unless the doctor specifically states otherwise.
- If any medication needs to be given, it will be done only with written permission of the parent under doctor's direction.
- No more than a four (4) week supply of medication shall be kept at school.

OTHER:

Has your child recently traveled to or lived outside of the United States?

Departure Date: ___/___/___ Return Date: ___/___/___

Country(ies) Visited: _____

Date of any recent TB test: ___/___/___ Results: _____

Date of any recent inoculations: ___/___/___ Results: _____

Other health concerns: _____

Signature of Parent/Guardian

___/___/___
Date