

School Principal
Sonja Franklin
Ext. 4502

Lake Placid Elementary School
318 Old Military Road Lake Placid, New York 12946
518-523-3640 Fax: 518-523-4314
www.lpcsd.org

School Psychologist
Melinda Frazer
Ext. 4504

CSE Chairperson
Sarah Allen
Ext. 4011



School Counselor
DeAnna Brown
Ext. 4533

Dear Parent/Guardian,

Student Name: _____ Teacher: _____

We would like for your child to gain the most from his/her school experience. In order for us to assist in accomplishing this, it is necessary to have a current health history. Please complete this form and return it to the school nurse. Thank you.

Accidents:

- * Serious head injury _____
- * Loss of Consciousness _____
- * Other(specify) _____

Eye Difficulties:

- * "Lazy eye" _____
- * Glasses/Contact lenses _____
- * Other _____

Ear/Throat Problems:

- * Ear infections _____
- * Tubes _____
- * Hearing loss _____
- * Throat infections _____
- * Other _____

Heart Problems:

- * Heart murmurs _____
- * Congenital heart disease _____
- * Rapid heartbeat _____
- * Other _____

Respiratory difficulties:

- * Asthma _____
- * Asthma triggers _____ Peak Flow _____
- * Bronchitis/Pneumonia _____
- * Other _____

Kidney/Bladder disease:

- * Kidney disease _____
- * Bladder infections _____
- * Enuresis (bedwetting) _____
- * Encopresis (fecal soiling) _____
- * Constipation _____
- * Hernia _____
- * Undescended/one testicle _____

Musculoskeletal/Orthopedic problems:

- * Joint pain/swelling _____
- * Limitation of movement _____
- * Fractures _____
- * Braces/adaptive equip. _____
- * Poor coordination _____
- * Other _____

Birth Defects(specify) _____

Hospitalizations(specify) _____

Operations(specify) _____

Illness with a high fever(103+) _____

- * Seizures _____
- * Staring spells _____

* Other _____

Allergies(specify to what and type of reaction) _____

Currently/Regularly taking medication:

- * Name _____
- * Reason _____

* Needed during school? _____

Skin Conditions(specify) _____

Tuberculosis TB contact _____

Anemia _____ Mono _____

Diabetes _____ Hepatitis _____

Thyroid disease _____ Speech _____

Emotional problems _____

Special Educational Needs _____

Medical exams by specialists _____

Parents Sign & Date: _____