



Fonda-Fultonville

CENTRAL SCHOOL DISTRICT

*A Legacy of
Families First*

HEALTH HISTORY

NAME: _____ SEX: _____ GRADE: _____
DATE OF BIRTH: _____ PLACE OF BIRTH: _____

MEDICAL HISTORY - If your child had or currently has any of the following, please provide information with dates:

Allergies: _____ Bee Sting Allergy and Reaction: _____
Asthma: _____ Food Allergy and Reaction: _____
Diabetes: _____ Seizure Disorder: _____
Head Injury: _____ Frequent/Chronic Headaches: _____
Heart Condition: _____ Nose Bleeds: _____
Ear or Eye Condition: _____ Dental Condition: _____
Pneumonia/Bronchitis: _____ Contact with TB: _____
Stomach Condition: _____ Bowel Problems: _____
Urinary Tract Problems: _____ Menstrual Problems/Pregnancy: _____
Skin Problems: _____ Chicken Pox: _____
Bone and Joint: _____ Rheumatic Fever: _____
Serious Injuries or Operations: _____
Health Concern not mentioned: _____

Physical activity restrictions: _____
Medications at home: _____
Medications needed at school: _____

(Please fill out the Medication Request Form. We must have a healthcare provider order for all prescriptions and over the counter medications).

Child's Health Care Provider: _____ Last seen: _____
Health Care Provider's Address and Phone Number: _____

Does your child have a known or suspected vision problem? _____
Does your child wear glasses or contact lenses? _____
Has your child been to an optometrist or specialist, if so, when? _____
If yes, what were the recommendations, if any? _____

Does your child have a known or suspected hearing problem? _____
Has your child had a hearing test, if so, when? _____
If yes, what were the recommendations, if any? _____

Please indicate if you prefer the exam to be performed by your healthcare provider. _____
Parents need to send a copy of the physical to the nurses or a physical will be done at school.
Please inform the nurses of a physical by October 1st.

I agree to emergency medical treatment as deemed necessary by school authorities.

Parent/Guardian Signature and Date: _____

Please contact the nurses' office with any questions. Phone 518-853-3332 ext. 5010 Fax: 518-853-4426
Jolyn Giardino-Bloom, RN Brittney Mancini, LPN Abigail Furman, LPN
jjardinobloom@ffcsd.org bmancini@ffcsd.org afurman@ffcsd.org

District Office
518-853-4415 Ext. 4230
Fax: 518-853-4461
Mr. Thomas Ciaccio
Superintendent of Schools

Business Office
518-853-3732 Ext. 4207
Fax: 518-853-3534
Mrs. Jodie Rodriguez
Business Official

High School
518-853-3182 Ext. 4238
Fax: 518-853-1239
Mr. Aaron Grady
Principal

Middle School
518-853-4747 Ext. 4246
Fax: 518-853-4498
Mr. David Zadoorian
Principal

Elementary School
518-853-3332 Ext. 5001
Fax: 518-853-1455
Mr. Eric Romano
Principal

Pupil Services
518-853-4747 Ext. 4234
Fax: 518-853-8643
Mrs. Kristine Dickson
Director of SPED/Pupil Personnel

Student Registration
518-853-4747 Ext. 5008
Fax: 518-853-4498
Mrs. Amy Thum
Data Coordinator



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