

THE LAUREL HILL SCHOOL
201 OLD TOWN RD. • EAST SETAUKET • 751-1154

Student's Name: _____ Grade: _____

MEDICAL HISTORY (To be completed by parents):

Has the student had any of the following:

- | | |
|---------------------------------|---------------------------|
| Eye disorder _____ | Eye disorder _____ |
| Heart disorder _____ | Heart murmur _____ |
| Lung disorder _____ | Asthma _____ |
| Kidney/bladder disorder _____ | Genital disorder _____ |
| Hernia _____ | Abdominal disorder _____ |
| Fractures or dislocations _____ | Thyroid disorder _____ |
| Diabetes _____ | Epilepsy _____ |
| Muscle/nerve disorder _____ | Allergy _____ |
| Operations _____ | Hospital admissions _____ |

Any medications currently being taken?

Allergies _____

Comment on any of the above

List any special recommendations/concerns about your child's health _____

Parent's signature

Date