

**OFFICE OF SCHOOL NURSE – STUDENT MEDICAL HISTORY**

Independence Charter School  
1600 Lombard St., Philadelphia, PA 19146  
**2011-2012**

Student's Name: \_\_\_\_\_  
Last First

Grade/Teacher: \_\_\_\_\_ Today's date: \_\_\_\_\_

Dear Parent or Guardian,

Please note below if your child has a history of any of the following health problems AND indicate whether the problem(s) still exist:

- \*serious allergy
- \*serious illness
- \*serious injury
- \*major surgery
- \*physical handicap
- \*emotional problems
- \*learning disabilities
- \*other medical conditions of which the school should be aware

---

---

---

---

---

Medication(s) prescribed by physician: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer (if applicable): \_\_\_\_\_ Work Phone: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Please feel free to contact Nurse Tainiesha/Nurse Desiree at 215-238-8000 x2232 or [nurse@icscharter.com](mailto:nurse@icscharter.com) if you have any questions, if you would like to schedule a confidential appointment, and/or if the school nurse can be of assistance. *Thank you very much for your cooperation.*

