

## PARK CITY SCHOOL DISTRICT SPECIAL EDUCATION DEPARTMENT

## Developmental & Medical History

Student's Name	Birth date:	Age:
	Dirtiruate.	Age

## Health Care Providers:

In compliance with federal and state rules for Special Education, there are several eligibility categories that require that the student's prior medical and developmental history from a qualified health professional are on record regarding specific syndromes, health concerns, medication, and any information deemed necessary for planning the student's education program.

Developmental History		
Typical	Late	If late, please explain:
		sitting
		crawling
		standing
		walking
		speech
		toilet training

Please report any unusual, pregnancy, labor, or delivery complications with this student:

Please list any social, behavioral or attention concerns:

	Medical History						
Family Physician:							
Current Medical D	iagnosis and/or conditions (if any)						
	Has your child ever had (if yes, please describe): allergies (please specify type and how serious) asthma or breathing issues (how serious) orthopedic or bone problems heart disease or murmur kidney disease seizures (type and frequency) diabates (insulin dependent2 loculin pump2)						
Medication(s): Is the student on any medications that need to be administered at school? If yes please list the medication and reason		Yes 📃 No 📃					
	Physician's Signature	Date					

PLEASE NOTE: The information requested is considered to be essential for planning an education program each year that will meet the needs of this student. This information will be kept in a confidential file and only persons working directly with this student (i.e. teachers, administrators, nurse) will have access to this information.

Education Staff: please make a copy of this form and give to school nurse