

CHRIST LUTHERAN SCHOOL
STUDENT HEALTH SERVICES

CHILD'S NAME _____ Grade _____

PLEASE ANSWER THE FOLLOWING QUESTIONS REGARDING YOUR CHILD'S CURRENT HEALTH. RETURN THE FORM TO SCHOOL. THE INFORMATION WILL BE RECORDED ON THE PERMANENT HEALTH CARD. IMPORTANT INFORMATION REGARDING HEALTH CONCERNS WILL BE SHARED WITH CHRIST LUTHERAN SCHOOL PERSONNEL.

1. Please check if your child has had:
_____ a doctor's appointment during the last twelve months. Reason: _____
_____ a dental appointment within the last year. Approx. Date _____
_____ an eye doctor appointment within the last year; Approx. Date _____; fitted with new glasses Yes _____ No _____
_____ a serious illness, injury or surgery within the last year. If so please explain below.
Explanation: _____

2. Did your child receive any immunizations this past year? Yes _____ No _____
If "Yes", specify type of immunization, month/year given, and doctor/ clinic.

3. Please check if your child has:
_____ Diabetes _____ Seizures _____ Tubes in ears _____ history of head injury
_____ Heart Problems _____ Glasses _____ Orthopedic Problems if yes, explain: _____
_____ Dental appliances/braces _____ Depression _____ Hearing Difficulties
Treatment or explanation of health concerns: _____

4. Please check if your child has:
_____ Allergies* _____ Asthma* _____ Bee/Wasp sting allergy* _____ needs Epi Pen*

Allergic to (please list): _____

Special treatment for allergies/asthma _____ Yes _____ No If yes, please explain: _____

* If child has asthma and/or severe allergies that require an inhaler, epi pen, or other medications to be given at school, a special form must be filled out. (Forms available in the Offices)

5. Does your child have any health condition that could affect his/her activity or learning at school?
Yes _____ No _____ If "Yes", please explain.

6. Is your child currently taking any medications (including inhalers)?
Yes _____ No _____

If "Yes", please explain:

Name of medication:

Dosage:

Time of administration:

** If medication is to be given during school hours, please contact the school nurse or school secretary for information.

Medication administered to students must be brought to school in the original properly labeled container - accompanied by written parental permission to give the medication (medication forms available in office).

Family Physician _____ Name of Clinic _____ ph # _____

Family Dentist _____ Name of Clinic _____ ph # _____

I RELEASE THIS STUDENT HEALTH INFORMATION TO CHRIST LUTHERAN SCHOOL FOR THE CURRENT SCHOOL YEAR.

PARENT SIGNATURE _____ DATE _____