

SCHOOL HEALTH INFORMATION

Dear Parent(s)/Guardian(s): Please complete both sides of this form, which pertains to your child's health. This information will become part of your child's school health record.

Student's Name _____ Home Phone _____

Male Female Date of Birth _____

1. Students entering into 1st grade: Has your child had an eye exam? YES NO N/A

2. Please check if your child has any of the following:

_____ Allergies/Asthma	_____ Operations/Hospitalizations
_____ Attention Deficit Disorder	_____ Respiratory Problems
_____ Behavior Problems	_____ Serious Accident/Injury
_____ Cancer	_____ Severe Headaches
_____ Diabetes	_____ Skin Problems/Rashes
_____ Epilepsy/Seizure Disorders	_____ Special Health Care Needs
_____ Hearing Problems	_____ Stomach/Bowel Problems
_____ Heart Problems	_____ Glasses or Contacts for Vision
_____ Kidney/Bladder/Urine Problems	_____ Wetting/Soiling Problems
_____ Muscle/Joint/Bone Problems	_____ Other _____

3. Please list any additional information in regard to the conditions listed above that would be helpful in caring for your child.

4. Is there any reason your child cannot participate in the physical education program? YES NO
If yes, please give the school a written statement excluding your child from the physical education or sports program.

5. If your child takes prescription medication please list name, dosage, and frequency of medication. If your child needs to take medication during school, a medication consent form must be completed and returned to school. Please pick one up in the office, Parent Orientation or Back to School Night.

In case of accident or serious illness, I request the school to contact me. If the school is unable to reach me, I hereby authorize the school to call the physician here indicated and follow his/her instructions. If it is impossible to contact this physician, the school may make whatever arrangement they deem necessary.

(Signature - parent or guardian)

Name of Physician: _____ Phone: _____

Address: _____

I give permission to share this information with the Peace Lutheran School staff and personnel who are responsible for caring for my child while he/she is attending school, extra-curricular activities, or in an emergency situation.

Parent/Guardian Signature _____ Date _____