

Parent Health Assessment Form

School Year: 2017-2018

HEALTH CONDITIONS *(Please answer 1-21 by clicking YES or NO)*



Student's Name: _____ Grade/Room #: _____ Age: _____ Birthdate: _____ Female Male

1. Does your child have any medical conditions/injuries currently under treatment?

Yes No

Explain: _____

2. ADHD Medication

Yes No Name/dose of Medication and time given _____

3. ADD Medications?

Yes No Name/dose of Medication and time given _____

4. Asthma?

Yes No

5. Inhaler at school? Name of Medication _____

Yes No

6. Allergy Shots?

Yes No

7. Breathing Treatments? Name of Medication _____

Yes No

8. Allergies? Epi Pen at school?

Yes No Check those that apply: food drugs insects animals

If has an EPI Pen, is your child allergic due to: Ingestion Airborne Touching of product

Please list food, animal and drug allergies: _____

9. Does your child have Diabetes?

Yes No If YES: Age at diagnosis? _____ Treatment regime: _____

10. A history of speech or hearing problems?

Yes No Hearing Aid? Yes No Which ear? _____

11. Receiving speech therapy at _____

Yes No

12. Tubes in Ears?

Yes No

13. Frequent Headaches?

Yes No

14. Migraine Headaches?

Yes No

15. Does my child have any learning disabilities?

Yes No Does my child have an IEP or 504 Plan? IEP: Yes No 504: Yes No

16. Does your child wear glasses?

Yes No

17. Contacts?

Yes No

18. Farsighted?

Yes No

19. Nearsighted?

Yes No

20. Lazy Eye?

Yes No

21. Does your child have epilepsy or seizures?

Yes No

22. Medication for seizures? Name of medication: _____

23. Any physical limitations? Please explain: _____

24. Does my child have Health Insurance? Yes No

25. School Attended Last Year: _____ St. Ann _____ Other _____

26. Are there any factors that the school nurse, counselor or teacher should know of which might affect your child's school experience?

27. I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity. I authorize school personnel to obtain emergency medical care for my child in the event I cannot be reached. If transportation by ambulance is required, your child will be taken to the closest hospital.

