



_____ New Student

_____ Returning Student

Health Assessment Form 2018-19

Student Name _____ Gender M ___ F ___

Date of Birth _____ Grade/Class _____

If your child has any allergies – PLEASE list, the type and severity of the reaction. For food allergies please list if it is through absorption, ingestion or inhalation. A Food Allergy Emergency Plan is required to be on file for all food allergies diagnosed by a physician.

To the best of your knowledge, does your child have any problems in the following areas? **Please mark “Yes” or “No” for each of the following:**

DO NOT LEAVE ANY “YES” OR “NO” BOX BLANK

	Yes	No	Comments/Details
Allergies - Drugs			
Allergies – Foods			
Allergies - Insects			
Allergies - other			
Epi Pen required for any allergies			
If YES a Long Term Medical Form is required			
Asthma			
Diabetes			
Meningitis			
Seizures			
Cerebral Palsy			
Sickle Cell Disease			
Heart Problems			
Bleeding Problems			
Kidney/Bladder Problems			
Bowel Problems			
Ear or Hearing Problems			
Eye or Visions Problems			
Speech Problems			
ADD/ADHD			
ODD			
Autism			
Prematurity			
Birth Defects			
Hospitalization – when, why			
Surgery – when, why			
Limits on Activity			
Medication - everyday			
Medication – as needed			
Other Special Needs			

Signature, Parent/Guardian

Date