

Saints Philip and James Yearly Health Survey

Student Name:

Grade:

Street:

Date of Birth:

City, State, Zip:

Home Phone:

Mailing address if different then above:

The health office will not release a student to anyone other than those listed below.

Father's Name:

Custody (Yes/No)

Cell Phone:

Daytime Phone:

Mother's Name:

Custody (Yes/No)

Cell phone:

Daytime phone:

Guardian I:

Custody (yes/No)

Relationship:

Cell Phone:

Daytime phone:

Medical Doctor's Name:

Phone:

Dentist Name:

Phone:

Emergency Contact Information

1. Name:

Relationship:

Phone:

2. Name:

Relationship:

Phone:

3. Name:

Relationship

Phone:

Please complete reverse side, sign and return to the Health Office

Has your child had any illness or operations during the past year? Yes No

Previous illnesses or operations on record:

Is there anything concerning the general health of your child which would aid the School in a better understanding of this student? Explain.

Medications:

Doasage/Frequency:

Glasses: Yes No

Contact Lenses:

Re-exam Date:

Hearing Problem: Yes No

Allergies: Yes No

Explain:

Asthma: Yes No

Please provide one parent email address, for internal use only.

Parents E-mail:

Parents Signature _____ Date: _____

Note: all new entrants and students entering Nursery, Pre-K, K, 1, 3, 5, and 7 will require a physical examination dated within the calendar year.