

School Health Appraisal for the 2019-2020 School Year

Dear Parent or Guardian:

The following information is requested so that Holy Spirit Catholic School and you (the parent/guardian) can work together to meet the physical, intellectual, and emotional needs of each child. Please complete the information below and return to the school promptly.

PERSONAL:

Child's Name: _____ Sex: _____ DOB: ___/___/_____

Address: _____ Today's Date: ___/___/_____

Parent/Guardian Name: _____ Phone: (_____) _____ - _____

Parent/Guardian Address: _____

Mother Work/Cell #: (_____) _____ - _____ Father Work/Cell #: (_____) _____ - _____

HEALTH HISTORY:

- | | | |
|---|--------|-------|
| 1. Does your child have allergies or reactions to food, medication, etc? | Yes___ | No___ |
| 2. Does your child have hay fever, asthma, or wheezing? | Yes___ | No___ |
| 3. Does your child have eczema or frequent skin rashes? | Yes___ | No___ |
| 4. Does your child have convulsions or seizures? | Yes___ | No___ |
| 5. Does your child have heart troubles? | Yes___ | No___ |
| 6. Does your child have diabetes? | Yes___ | No___ |
| 7. Does your child have frequent colds, sore throat, or earaches? | Yes___ | No___ |
| 8. Does your child have trouble passing urine or bowel movements? | Yes___ | No___ |
| 9. Does your child experience shortness of breath? | Yes___ | No___ |
| 10. Does your child have speech problems? | Yes___ | No___ |
| 11. Does your child have dental problems? | Yes___ | No___ |
| 12. Are your child's immunizations up-to-date/waivered? <small>(copy required annually)</small> | Yes___ | No___ |
| 13. Are there any other health problems of which we should be aware? | Yes___ | No___ |

a. Please Explain:

- | | | |
|--|--------|-------|
| 14. Does your child take any medication regularly? | Yes___ | No___ |
|--|--------|-------|

If your child needs medication at school, you must complete a Medication Permission and Instructions form in the office.

Family Doctor: _____ Dentist: _____

Parent/Guardian Signature _____ Date Signed _____

Date Received in Office: ___/___/_____