

health questionnaire



Student's Name _____
Last First Middle Goes By

HEALTH QUESTIONNAIRE

The following information will help the school staff understand your child better. Please indicate any areas of concern regarding your student's health, development, or behavior:

THIS STUDENT HAS A HISTORY OF:

- Hearing Difficulties Vision Difficulties Speech Difficulties Diabetes Asthma
 Allergies Seizure Disorder Heart Problems Activity Restrictions Other

Please explain any of the above that you have checked or any other medical or chronic condition that your child experiences _____

List any medications your child uses regularly:

Student Information

Student's Name _____ Birth Date _____
Child's Physician _____ Physician's Phone _____
Insurance Company Name _____ Policy Number _____

If your child needs emergency treatment and is under the age of 18, hospitals are required by law to reach you for authorization to medically treat your child, except in the case of truly life-threatening problems. Only a parent or legal guardian may give this authorization.

If you are not available to sign the consent, and you cannot be reached within a reasonable time, you may ensure emergency treatment for your child by using the following CONSENT TO MEDICAL CARE AND TREATMENT FORM. The parents/guardians will assume financial responsibility for all expenses incurred during the progress of the emergency.

This completed, signed form will be kept in your child's records in the School Office and will accompany the teacher on all field trips. In the event of a medical emergency, this record will accompany your child to the hospital so that prompt emergency treatment may be given.

I, _____, (parent or legal guardian) authorize all medical, surgical, diagnostic, and hospital procedures as may be performed or prescribed by treating physician for _____ (child's name) if I cannot be reached in case of any emergency.

Signature of Parent or Guardian

Date

Please leave this blank. Office staff will fill in with your current information at the time of incident.

Father's Wk Phone _____ Mother's Wk Phone _____
Father's Cell phone _____ Mother's Cell Phone _____

IMMUNIZATION REQUIREMENTS

Washington state law requires that all children have a completed Certificate of Immunization Status form on file at school. Your child may be exempt from certain immunizations for medical, personal, or religious reasons. The Certificate of Immunization Status form provides space to document a medical exemption requiring a physician's signature. Personal or religious exemptions require a parent signature. There is also space to document immunity to measles, mumps, or rubella.

A completed Certificate of Immunization Status form must be provided at the time you enroll your student at SCSNA. Questions regarding the minimum requirements for your child's grade level may be directed to your physician.