

**In an emergency when you cannot reach either parent, I authorize the school to call:**

(Physician's Name)

(Address)

(Phone)

**HEALTH SURVEY**

1. When was the student's last physical examination? (month/year): \_\_\_\_\_
2. Has the student had any other physician evaluations/examinations since September 1<sup>st</sup> last year? (*ENT, Ophthalmologist, Psychiatrist, etc.*)  No  Yes  
*If YES, specify* \_\_\_\_\_
3. Has the student had any immunizations, including tetanus injection, since September 1 last year?  No  Yes  
*If YES, specify* \_\_\_\_\_
4. Has the student had any illnesses, serious injuries, operations or communicable diseases since September 1 last year?  No  Yes  
*If YES, specify with dates* \_\_\_\_\_
5. Does the student have any medical conditions that the school should be aware of? (*heart conditions, seizures/seizure disorder, asthma, diabetes, liver or kidney conditions, etc.*)  No  Yes  
*If YES, specify* \_\_\_\_\_
6. Does the student have allergies?  No  Yes  
*If YES, specify* \_\_\_\_\_
7. Does the student take any medication on a regular basis (excluding vitamins)?  No  Yes  
*If YES, specify* \_\_\_\_\_
8. **Additional Comments** \_\_\_\_\_

**Date** \_\_\_\_\_ **Parent's Signature** \_\_\_\_\_