

**Plumstead Christian Schools
School Health Services
Annual Health Survey***

To Parents or Guardian: The information requested on this form will be of help to the certified school nurse in determining the health status of your child/adolescent and in assisting him/her to receive maximum benefits from his/her educational opportunities. Please feel free to contact the certified school nurse if you have any questions to discuss or information you wish to share.

Student's Name _____ Sex _____ Birthdate _____ Grade _____

Address _____ Home Phone _____

During the past year, has your child:

Please circle either Yes or No

Had an illness, serious injury or operation? Type _____ Give date _____ Yes No

If yes, please describe it _____

Is student still under treatment? If yes, please give name of physician _____ Yes No

Does your child require a special diet? Explain: _____ Yes No

Does your child wear dental braces or appliances? _____ Yes No

Does your child have any allergies which require attention at school? _____ Yes No

If yes, what specific needs are required? _____

Please be specific, if child has a history of a reaction to bee/wasp/hornet stings _____

Does your child have asthma? _____ Yes No

If yes, what medications are used for treatment _____

Is your child presently taking any medication(s)? _____ Yes No

If yes, what kind? _____

Dosage required _____ Is it given daily or only when needed _____

For what reason? _____ How long has it been administered? _____

Should your child be restricted from participating in school sports or gym? _____ Yes No

Please explain _____

Has the student had any immunizations or tuberculin skin tests during the past year? _____ Yes No

If yes, what kind and date? _____

Type of immunization	Date given (month, day, year)
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Have there been changes in your family during the past year, such as:

Separation, divorce, or remarriage? _____ Yes No

Death or serious illness? Relationship to student? _____ Yes No

Any other situation which may affect your child? _____ Yes No

If your child has additional health concerns, the school should be aware of, please list them below:
Please note if this condition might limit his/her activities in school.

Signature of parent or guardian

Date

*To be completed by parents of all 2nd, 5th, and 8th grade students.