

Krieger Schechter Lower School  
2019--2020 Annual Health Assessment

**To be completed by PARENT of All Lower School Students**

Student's Name \_\_\_\_\_ Grade\_\_ Date of birth \_\_\_\_/\_\_\_\_/\_\_\_\_

- | Personal health of student (check correct reply)   | Yes | No  |
|--|-----|-----|
| 1. Has food allergy?   | ___ | ___ |
| 2. Has bee sting/insect/latex allergy?   | ___ | ___ |
| 3. Has asthma?   | ___ | ___ |
| 4. Has cough, wheeze, or trouble breathing during or after activity?   | ___ | ___ |
| 5. Has had injuries or accidents requiring medical attention?  | ___ | ___ |
| 6. Has chronic medical illness or condition?<br>(Such as diabetes, seizures, eating disorder, scoliosis, etc)  | ___ | ___ |
| 7. Has had surgical operation?   | ___ | ___ |
| 8. Has been hospitalized overnight?  | ___ | ___ |
| 9. Has had illness lasting longer than one week?   | ___ | ___ |
| 10. Currently takes prescription or non-prescription medications or uses inhaler?<br>List medications taken at home (dosage, time and purpose):_____ | ___ | ___ |
| _____  |     |     |
| List medication needed at school: _____  |     |     |
| 11. Has a problem with eyes, vision, hearing, headaches?   | ___ | ___ |
| 12. Has seasonal allergies that require medical attention?   | ___ | ___ |
| 13. Has ever had head injury or concussion?  | ___ | ___ |
| 14. Has ever fractured a bone or dislocated any joints?  | ___ | ___ |
| 15. Has problems with pain or swelling in muscles, tendons, bones, or joints?  | ___ | ___ |
| 16. Is there any reason this student should not take part in any sport?  | ___ | ___ |
| 17. Is your child receiving mental health support? With whom? _____  | ___ | ___ |
| 18. Is your child receiving speech, occupational or physical therapy?<br>If not, do you feel your child would benefit from the above?                | ___ | ___ |
| 19. Has allergy to any medication?   | ___ | ___ |
| 20. Is there a need for special seating? Explain. _____  | ___ | ___ |
| 21. Please describe any other health conditions or concerns. _____   |     |     |

Explain "YES" answers here: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that, in the event of an emergency, **EVERY** effort will be made to contact me or a person designated for emergencies. If the school is unable to reach that person, or me I hereby give permission to hospitalize, secure proper treatment for, and to order injection, anesthesia or surgery for my child named above. I have read the above statement and hereby give my written consent.

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_