

Krieger Schechter Middle School  
2019-2020 Health Assessment

**To be completed by a PARENT of All Middle School Students** (5<sup>th</sup> to 8<sup>th</sup> graders) Grade\_\_

Student's Name \_\_\_\_\_

Date of birth \_\_\_/\_\_\_/\_\_\_

Personal health of student (check correct reply) Yes    No

- |  |     |     |
|--|-----|-----|
| 1. Has had injuries or accidents requiring medical attention?  | ___ | ___ |
| 2. Has chronic medical illness or condition?<br>(Such as diabetes, seizures, eating disorder, scoliosis, etc.)                                     | ___ | ___ |
| 3. Has had surgical operation?   | ___ | ___ |
| 4. Has been hospitalized overnight?  | ___ | ___ |
| 5. Has had illness lasting longer than one week?   | ___ | ___ |
| 6. Currently takes prescription or non-prescription medications?<br>List medications taken at home _____<br>List medication needed at school _____ | ___ | ___ |
| 7. Has a problem with eyes, vision, hearing or headaches?  | ___ | ___ |
| 8. Has cough, wheeze, or trouble breathing during or after activity?   | ___ | ___ |
| 9. Has asthma? Inhaler at school?  | ___ | ___ |
| 10. Has seasonal allergies that require medical attention?   | ___ | ___ |
| 11. Has bee sting/insect/latex allergy?  | ___ | ___ |
| 12. Has food allergy?  | ___ | ___ |
| 13. Has ever had head injury or concussion? Date(s).   | ___ | ___ |
| 14. Has ever fractured a bone or dislocated any joints?  | ___ | ___ |
| 15. Has had 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. Has your child been diagnosed with Attention Deficit/Hyperactivity?  | ___ | ___ |
| 18. Is your child receiving mental health support? With whom? _____  | ___ | ___ |
| 19. Is your child receiving speech or occupational therapy?  | ___ | ___ |

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 signify my assent to my child engaging in all sports supervised by and sponsored by the school, including competitive games with other schools. I have read the above statement and hereby give my written consent.

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

Date: \_\_\_/\_\_\_/\_\_\_