

Krieger Schechter Day School 2021/2022 Health Assessment

To be completed by PARENT/GUARDIAN (ALL KSDS Students) Grade: _____

Student's Name: _____ Date of Birth: ___/___/___

	YES	NO
1. Has had injuries or accidents requiring medical attention?	_____	_____
2. Has chronic medical illness or condition? (such as diabetes, seizures, eating disorder, scoliosis, ADHD etc.)	_____	_____
3. Has had a surgical operation?	_____	_____
4. Has been hospitalized overnight?	_____	_____
5. Currently takes prescription or non-prescription medications? List medications taken at home (reason, dosage, time) _____ List medications needed at school _____	_____	_____
6. Has a problem with vision, hearing, or headaches?	_____	_____
7. Has cough, wheeze, or trouble breathing during or after activity?	_____	_____
8. Has asthma? Inhaler required at home and/or school?	_____	_____
9. Has seasonal allergies?	_____	_____
10. Has a bee sting/insect/latex allergy?	_____	_____
11. Has a food allergy? _____	_____	_____
12. Has an allergy to any medication? _____	_____	_____
13. Has ever had head injury or concussion?	_____	_____
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 sports?	_____	_____
17. Is your child receiving mental health support? With whom? _____	_____	_____
18. Is your child receiving speech or occupational therapy?	_____	_____
19. Is there a need for special seating?	_____	_____
20. 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 designated emergency contact. If the school is unable to reach me or other designated emergency contact, I hereby give permission to hospitalize, secure proper treatment for, and to consent for an injection, anesthesia, or surgery for my child named above. I give consent to my child engaging in all sports supervised by and sponsored by the school, including competitive games with other schools. I have read and understand the above statement and hereby give my written consent.

Parent/Guardian Signature: _____ Date: ___/___/___