Allen County Non-Public School Association

THIS FORM MUST BE ON FILE FOR EACH STUDENT

HEALTH QUESTIONNAIRE

(Parent/Guardian needs to complete)

Please Print

Student________________________________Grade_______Date of Birth___/___/___

Address____

Phone Number______________________

Father's name_____________________Mother's name_________________________

Student lives with____

Health History

Check all that apply to your child

____ADD/ADHD (circle)	____Emotional Disorder	____Scarlet Fever
____Allergy (specify)	____GI/GU Issues	____Seizures
Seasonal __________	____Hearing Impairment	____Tuberculosis
Food ____________	____Hepatitis	____Vision Impairment
Other _____________	____Measles/Mumps/Rubella	____Whooping Cough
____Asthma	____Mononucleosis	____Other_______________
____Chickenpox	____Physical Handicaps	____Other_______________
____Diabetes	____Pneumonia	____Other _______________
____Chronic Ear Infections	____Rheumatic Fever	____Other _______________

Any checks made above, please give explanations and dates of diagnosis:

____

____

Has your child had an infectious/communicable disease other than those listed above? Please explain, giving relevant dates:

____

____

Does your child require the use of an EPI-PEN for allergic reactions?________________

CONTINUED ON REVERSE

Please be specific and include the month/year:

Severe Illnesses: ____

Severe Injuries: (head injury, fractures, etc.): ______________________________

Diagnostic Procedures: ____

Hospitalizations: ____

Surgical Procedures: ____

Is there any other information about your child's health status that you think the school should know which may be relevant to your child's health and safety or the health and safety of others in the school environment?

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____

Please list any condition that should be considered in planning your child's school day:

____

____

____

Physician's Name: ______________________________ Phone # ______________

Dentist's Name: ________________________________ Phone # ______________

Eye Doctor's Name ______________________________ Phone # ______________

To the best of my knowledge the above information is complete and accurate. I acknowledge that I have a continuing obligation to inform the school of any changes in my child's health status that are relevant to the information requested by this form.

______________________________________ ______________________

Parent/Guardian signature Date

(Rev ACNPSA 1/17)