



# Annual Student Health History

The annual health history is an important part of your child's medical record. Please complete this health history form and return it to **Trinity Lutheran School Health Office.**

Student's name \_\_\_\_\_ Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

Mother's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Father's Name \_\_\_\_\_ Work Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_

Email Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone \_\_\_\_\_

If parent unavailable, the following person can be contacted in an emergency:

Name \_\_\_\_\_ Relationship \_\_\_\_\_ Phone \_\_\_\_\_

Does your child have any of the following? (If *yes*, please explain below.)

<b>Asthma</b>	yes • no •	<b>Seizures</b>	yes • no •
<b>Allergies</b>	yes • no •	Vision Problems	yes • no •
<b>Diabetes</b>	yes • no •	Glasses worn	yes • no •
Ear/Hearing Problems	yes • no •	Orthopedic Problems	yes • no •
Heart Problems	yes • no •	Skin Rash/Eczema	yes • no •
Sickle Cell Anemia	yes • no •	<b>Daily medication</b>	yes • no •

Explanation of *yes* answers: \_\_\_\_\_

Please list all *prescription medications* taken at home \_\_\_\_\_

Please list all **Food Allergies:** \_\_\_\_\_

Does your child require any **emergency** medication? (Inhaler, Epi-pen, Glucagon, etc.) \_\_\_\_\_

If your child has problem at school related to his/her condition, what plan of action would you and your physician prefer the school personnel to take? \_\_\_\_\_

*Please note that the above information may be shared with classroom teachers and other appropriate school personnel to ensure the safety of your child.*

**Signature of Parent/Guardian** \_\_\_\_\_ **Date** \_\_\_\_\_

# Trinity Lutheran School and Early Childhood Center

## PHYSICAL AND IMMUNIZATION REQUIREMENTS

- Current students are *requested* to submit a physical each school year.
- New York State mandated physicals are *required* in grades K, 1, 5 & 7.

**All middle school students interested in playing on a school sports team must have a yearly physical on file.**

✓

- ✓ **New students** must submit an **immunization record and physical examination.**

## MEDICATION POLICY K-8

- ✓ Medication may be given during school hours only if a **doctor's note and parental consent is on file with the school nurse.** This applies to over-the-counter as well as prescription medications.
- ✓ All medication must be labeled with the child's full name and brought to school by an adult. Medication consent forms are available in the school office.

### **Mandated Screenings**

Students in grades K, 1, 3, 5 & 7 will have their **hearing and vision** checked.  
Female students in grades 5 & 7 will be screened for scoliosis.

### **ILLNESS OR INJURY**

- ✓ If your child comes to the Health Office with fever, vomiting, or any complaint or injury that keeps them from returning to class, you will be called to pick your child up. ***A child must be fever free for 24 hours before returning to school.***
  - ✓ Please notify the school if your child develops one of the following illnesses
- |                 |                       |                |
|-----------------|-----------------------|----------------|
| ✓ Chicken Pox   | Hepatitis             | Pink Eye       |
| Fifth's Disease | Measles/Mumps/Rubella | Ringworm       |
| Flu/Pneumonia   | Meningitis            | Strep Throat   |
| Head Lice       | Mononucleosis         | Whooping Cough |
- ✓ A child with an injury (occurring in or out of school) requiring exclusion from physical activity or other special arrangements must have a doctor's note. *After an injury, students will be permitted to return to gym or recess with a medical clearance from a doctor.*