

HEALTH SURVEY

Student Name _____
 DOB _____ Grade _____
 Family Physician _____ Phone # _____

PLEASE COMPLETE THIS FORM (EVEN IF NO CHANGES) INDICATING DETAILS OF ANY MEDICAL CONCERNS RELATING TO YOUR CHILD'S HEALTH. BE SURE TO INCLUDE TREATMENT, MEDICATIONS AND DATES IF NEEDED.

CONDITION	YES	NO	DETAILS
Does your child have hearing or visual difficulties? If so, type of correction.			
Has your child been diagnosed with a psychological disorder? If so, please indicate medication and dose.			
Has your child been diagnosed with ADD/ADHD? If so, please indicate medication and dose.			
Does your child take medication on a regular basis? If so, type and amount.			
Has your child been diagnosed with diabetes? If so, insulin type and amount.			
Has your child been diagnosed with epilepsy? Please indicate type.			
Does your child have a heart murmur or other cardiac condition?			
Does your child have any kidney conditions?			
Does your child have any breathing problems such as asthma? If so, please indicate treatment.			
Has your child had any operations? If so, please indicate type and date.			
Has your child had any serious injuries such as broken bones, head injuries or stitches? If so, please describe and give dates.			
Is your child allergic to bees or other insects? If so, please give treatment of care required.			
Does your child have any allergies to food, medication or latex? If so, please describe and give treatment required.			
Please indicate any other health concerns you have regarding your child.			

This information will remain in the health office and will be kept confidential. Your child's health concerns will only be shared with appropriate staff when it impacts your child's health and safety.

I give permission to the Newark Central School District to release/obtain health information to/from my child's physician _____.
 This information may include immunization status, physical exam and progress notes. I also give my permission for the school nurse to share any pertinent medical information with my child's teacher(s) on a need to know basis.

Parent/Guardian Signature: _____
 Date: _____