ST. MARK SCHOOL
Est. 1889 | LEARN. SERVE. LEAD.

Annual Health Assessment

Dear Parents,

Physicals and emotioanl health play an important role in your child's ability to learn. Please complete the emergency card and this health assessment on each of your children to keep us informed of any new changes in your child's health over the past year. To help us assist your child, please be specific of any special individual needs. Also, remember to notify the school immediately if your phone numbers change during the year.

Child's Name _____ Teacher _____

Grade _____ Height _____ Weight _____

1. Did your child attend this school last year? Yes ◯ No ◯
2. State any serious illness, injuries, operations or hospitalizations: _____
3. State any change in your child's health status in the past year _____

_____

4. Is your child presently under the care of a physician and/or therapist? Yes ◯ No ◯

_____

5. Check ( ) and describe any of the following which your child is subject to:

- ☑ Asthma _____
- ◯ Allergy _____
- ☑ Reaction to bee sting _____
- ☑ Fainting _____
- ☑ Seizures _____
- ◯ Heart Condition _____
- ◯ Frequest trips to the bathroom _____
- ◯ Vision concerns _____ Wears glasses? Yes ◯ No ◉
- ◯ Hearing concerns _____ Hearing aides? Yes ◉ No ◯
- ◯ Speech concerns _____

6, State any need for special seating in the classroom _____

7. State any physical education restriction your child may require _____

8. State any medication your child may take on a daily basis: _____

9. State any other information that would better help us understand your child's needs: _____

_____

Medication Policy: The administration of medication during school hours is strongly discouraged. However, if your physician decides it is necessary for your child to have medication during school hours, the physcian's order must be provided to the School Nurse. This pertains to prescription and over-the-counter medications. A form for the physician's specific instructions can be obtained from the health room. This form also requires a parent's signature. Some physicians have these forms in their offices.

The school does not allow students to carry medication, therefor, parents must hand deliver the medication to the school accompanied by the physician's written order. All medication should be brought in the original container or a duplicate bottle marked with the current prescription label. Upon request, the pharmacist will label an extra container for use in school.

Your signature will give the Nurse permission to share this information with your child's teachers.

Parent Signature _____ Date _____