ST. JOSEPH SCHOOL

YEARLY HEALTH UPDATE _____

CHILD'S NAME _____ GRADE/TEACHER_____

Please take the time to fill out the questionnaire below thoroughly so we may care for your child properly.

	Yes	No
1) Do you have any concerns about your child's general health (eating, sleeping, weight, etc)?	____	____
2) Does your child have any specific illness or problem?	____	____
3) Does your child have any allergies (food, insects, medications, etc)?**	____	____
4) Does your child take any medication (daily or occasionally)?	____	____
5) Does your child have any problems with vision, hearing, or speech (glasses, contact, etc)?	____	____
6) Has your child had any hospitalization, operation, or major illness? Specify below.	____	____
7) Has your child had any significant injury or accident? Specify below.	____	____
8) Would you like to discuss anything with the school nurse about your child's health?	____	____

Please explain any "YES" answers here. For illness/injury include year/child's age at the time:

_____

_____

_____

_____

** If your child will be taking medication at school, an authorization form must be filled out by the physician.

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school. I give St. Joseph School permission to treat and/or transport my child in the event of an emergency.

_____ _____

Signature of Parent/Guardian Date

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PARENT/GUARDIAN AUTHORIZATION FOR ADMINISTRATION OF ACETAMINOPHEN

Under the standing orders of our medical advisor, Acetaminophen (Tylenol) may be given to students with parent/guardian written permission for headaches, earaches, menstrual cramps, and toothaches. If you wish to allow your child to receive Acetaminophen for these ailments at school please complete the following:

I give permission for my child to receive Acetaminophen (Tylenol) at school per manufacturer's dosing:

YES ____ NO ____ _____

Signature of Parent/Guardian

Date	Time	Dose	Comments	Signature