Health Questionnaire

Childs Last Name ________________________ First Name ____________________________ Grade _______

Does your child have any of the following conditions? (Please **X** the boxes that apply)

Asthma		Epilepsy		Heart Trouble		Whooping Cough	
Appendicitis		Fainting		Influenza		Surgeries	
Convulsions		Epilepsy		Measles		Glasses / Contacts	
Earache		Fainting		Nose Bleeds			

1. Has your child had chicken pox? Yes____ No____ Date _________________
   Chicken Pox Vaccine Date___________________

2. Has your child had any hospitalization, accidents or serious illnesses within the past year?
   Yes____ No____ If yes, please elaborate ____
   ____

3. Is there any chronic condition or disease that we should be aware of that may limit your child's activities?
   Yes____ No____ If yes, please elaborate ____
   ____

4. Does your child have any known allergies? Yes____ No____ If yes, please elaborate:
   ____
   ____

5. Does your child have any other medical or health problems we should be aware of? Yes____ No____
   If yes, please specify____
   ____

6. Will your child be on any medication that must be administered during school hours? Yes____ No____

   If yes, NAME OF MEDICATION ____ Please note that school policy for medication requires the *Archdioceses of Los Angeles Medication Authorization and Permission Form* (available in the School Office). Form must be signed by your physician as well as from a parent/guardian. The medication must be brought to school (by an adult) in the original container appropriately labeled by the pharmacy or physician.

Parent Comments:
(Please describe any illness, accident and/or health condition which should be known)
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____
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By selecting the "I Accept" button, you are signing the agreement electronically. You agree your electronic signature is the legal equivalent of your manual/handwritten signature on this form. By selecting "I Accept" using any devise, means or action, you consent to the legally binding terms and conditions of this Official School Form. You further agree that your signature on this document (hereafter referred to as your "E-Signature") is as valid as if you signed the document in writing.

______ **I Accept**

Parent Signature ____ Date _______________________________