Grade__ Choose __

BEREAN ACADEMY – HEALTH INFORMATION SHEET

Student _____ _____ _____

Last Name First Name MI Date of Birth Gender

Is your child allergic to any foods, plants, insects, or medication?..... ☐ Yes ☐ No

List allergy and what occurs when exposed _____

My child has permission to receive the following medication: (check all that apply)

Children's Tylenol	☐	Ibuprofen (liquid)	☐	Midol	☐
Adult Tylenol	☐	Ibuprofen (tablets)	☐	Claritin	☐
Tums/Pepto Bismol	☐	Calamine Lotion	☐	Hydrocortisone Cream	☐

Name of local doctor: _____ Phone Number _____

Health insurance provider: _____ Policy Number _____

Has your child experienced any of the following? When? (please include year or age of onset)

Anemia		Growth Problems		Pneumonia	
Asthma		Hernia		Pregnancy	
Broken Bones		Heart Disease		Rheumatic Fever	
Chicken Pox		Hepatitis A☐ B☐ C☐		Scarlet Fever	
Convulsions		Influenza		Seizures	
Diabetes		Meningitis		Tonsillitis	
Divorce		Valley Fever		Tuberculosis (TB)	
Eczema		Mononucleosis		Mental Health Issues	
Encephalitis		Operations		Other	

Is your child currently receiving care at a hospital or doctor's office?..... ☐ Yes ☐ No

Where? _____ Reason? _____

Is your child able to participate in physical education?..... ☐ Yes ☐ No

Does your child have any of the following? (circle one)

Frequent Colds	☐ Yes No ☐	Unusual mood fluctuations	☐ Yes No ☐
Frequent sore throats	☐ Yes No ☐	Overweight/Underweight	☐ Yes No ☐
Ear infections	☐ Yes No ☐	Speech problems	☐ Yes No ☐
Frequent headaches	☐ Yes No ☐	Hearing problems	☐ Yes No ☐
Frequent toothaches	☐ Yes No ☐	Vision problems	☐ Yes No ☐
Frequent leg pains	☐ Yes No ☐	Wear glasses/contacts	☐ Yes No ☐
Frequent stomachaches	☐ Yes No ☐	Attention Deficit	☐ Yes No ☐

List any prescriptions or over the counter medications your child is currently taking and why: _____

_____

I give the school my permission to discuss this information with staff members who may need to know the health and well-being of my child ..... ☐ Yes ☐ No

I give permission for my child to be treated according to health office guidelines and standing orders..... ☐ Yes ☐ No

_____ _____

Parent/Guardian Signature Date

4/2020