

**NATURAL SCIENCE ACADEMY
ENROLLMENT 2010-2011 SCHOOL YEAR
STUDENT HEALTH FORM**

Student's Name _____

Parent/Guardian _____

Birthdate _____ Grade _____

Telephone (H) _____ (W) _____

YES NO

1. Is there anything you wish to discuss with school administration about your child's physical or emotional health? ___ ___

2. Is there any physical and/or emotional reason that your child may need special consideration in the classroom or do you anticipate any adjustments in his/her school program? ___ ___

3. Does your child have any of the following:
Allergy to food or drug? ___ ___
What? _____

Ongoing health conditions we should be aware of?
Explain: _____ ___ ___

Asthma? ___ ___
Is medication taken for the Asthma? ___ ___
Name of medication: _____

Problems in vision, hearing, speech, special shoes, etc.?
Explain: _____ ___ ___

Does the child have a history of hospitalizations? (Other than Tonsillectomy or Appendectomy.) ___ ___
Reason: _____

History of behavior concerns? ___ ___
at school? ___ ___
Please describe: _____

4. Did you complete the *Student Application*? ___ ___

5. Are your child's immunizations up to date?
(Please attach a copy of your child's immunizations.) ___ ___

6. Is there anything else that we should know about your child?
Explain: _____ ___ ___
