



PARENT HEALTH ASSESSMENT FORM

STUDENT INFORMATION

To provide the best educational experience school personnel must understand your child's health needs. This form requests information from you which will be helpful to school personnel and nurse.

Student Name

Date of Birth

Grade

School

- The Early Childhood Program (Pre-K)
- Lee F. Jackson Elementary School (K-1)
- Highview Elementary School (2-3)
- Richard J. Bailey Elementary School (4-6)
- Woodlands Middle/High School (7-12)

1. Do you have any concerns about your child's general health (eating, sleeping, bowel, bladder, teeth, skin, weight, etc.)? Yes No

2. Do you or your child have any concerns with vision or hearing? Yes No
If so, please specify:

3. Do you or your child have concerns with their speech? Yes No
If so, please specify:

4. Does your child have any allergies? If so, please specify: Yes No

5. Does your child have any medical condition or concerns that may affect his/her Ability to learn, socialize or require special accommodations? Yes No
If so, please specify:

6. Does your child take medications? If so, please specify: Yes No

7. Will your child require an Individual Health Care Plan? Yes No

8. Do you have any concerns with your child's behavior, emotional or overall development? Yes No

If you answered YES to any of the questions from this assessment, it is essential that you speak with school personnel and nurse.

I will review the Health Assessment with the school nurse to discuss further medical needs for my child

Parent/Legal Guardian Signature:

Date: