

LITTLE EAGLES HEALTH HISTORY

GRADE K-3

Name _____ Grade _____ Age _____

Date of Birth _____ Phone _____

Emergency Contact Information

Mom Home _____ Cell _____ Work _____

Dad Home _____ Cell _____ Work _____

Other _____

Phone Home _____ Cell _____ Work _____

Participation in athletics is voluntary and is not a required part of the regular physical education program.

THIS FORM MUST BE COMPLETED AND RETURNED TO SCHOOL WITH SIGN-UP.

Name _____ Grade _____

HEALTH HISTORY TO BE COMPLETED BY PARENT

Has your child ever had: (please check)

	Yes	No		Yes	No
Allergies/Hay Fever	___	___	Elevated Blood Pressure	___	___
Bee Sting Allergy	___	___	Headaches	___	___
Asthma	___	___	Head Injury/Concussion	___	___
Anemia	___	___	Heart Problems/Murmur/Chest pain	___	___
Arthritis	___	___	Nose Bleeds/Frequent or Severe	___	___
Bladder/Kidney Problems or Injury	___	___	Ankle Injury	___	___
Convulsions/Seizures	___	___	Back Pain/ Injury	___	___
Fainting Spells	___	___	Fracture/Dislocation Bones/Joints	___	___
Diabetes/ low blood sugar	___	___	Knee Pain/Injury	___	___
Ear Problems/Hearing Loss	___	___	Neck Injury	___	___
Eye Problems/Vision Loss	___	___	Nose Fracture	___	___
Injury to Spleen	___	___	Rheumatic Fever	___	___
Jaundice	___	___	Seizures	___	___
Joint Sprain/Ligament Tear/Muscle Pull	___	___	Stomach Ulcer	___	___

If you answered yes to any question above, please explain.

Does your child have any of the following?

Missing one of a paired organ: ie. eye, kidney, lung, testicle

If yes please explain _____

OVER

Has your child ever had an illness, condition, or injury that required him/her to be hospitalized or required a trip to the emergency room? YES NO

Is your child under medical care now?...If so please explain. _____

Is your child taking any medication now?
If so, what? _____

Have you ever had your activities restricted or sports participation denied by a physician?
Please explain. _____

Do you have any worries about your child's health that you would like addressed?... _____

Does your child have: Orthodontic appliances?..... _____

Capped teeth?..... _____

Wear contact lenses for sports?..... _____

Wear glasses for sports?..... _____

Since your child's last physical examination has your child had any illness or injury? _____

I state that the to best of my knowledge the answers to the above questions are complete and correct. In the event of an emergency and I cannot be reached, I agree to emergency treatment as deemed necessary by the physicians designated by the school authorities.

I request that my child participate in the Little Eagles program of Immaculate Conception School.

PARENT
SIGNATURE _____ DATE _____