St. Paul's School

Health Questionnaire

1. Does your child have any health problems or concerns the school personnel should be aware of? If so, what?

2. Is your child under a doctor's care on an ongoing basis?

3. Has your child had any surgery? (Ex. Ear tubes, eye surgery, tonsillectomy, etc.)

Please indicate the type of surgery and the child's age when the surgery was performed.

4. Does your child take any medication regularly?
   a. Name of medication:
   b. Amount taken:
   c. How often:
   d. Will he/she be taking this medication *at school?
      (*Authorization form must be completed and on file in the office before any medication can be administered at school)

5. Does your child have any allergies - either food or environmental? Please be specific.

6. Does your child wear glasses?
   Contacts?

7. Does your child have any limitations that the physical education teacher should be aware of?

Parent/Guardian Signature_____

Date _____