

## SCHOOL YEAR 2020-2021

Information requested on this form will help the school provide the appropriate care for your child during school hours. Please fill out completely. **One (1) form per child. This form is required for all students for each year the student attends St. John's School.**

Student Name: \_\_\_\_\_  
Last
First
M.I
Nickname

Grade: \_\_\_\_\_ Gender: (√) ( ) Male ( ) Female Date of Birth: \_\_\_\_\_

Parent/Guardian Contact Numbers: \_\_\_\_\_  
Cell
Home
Work

Email Address: \_\_\_\_\_

Ethnic Background (Optional): \_\_\_\_\_ Religious Affiliation(Optional): \_\_\_\_\_

### STUDENT RELEASE INFORMATION

I hereby give permission for St. John's School to release my child to the following individuals. I understand that I must notify school of any subsequent changes.

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last
First
M.I

Phone Numbers: \_\_\_\_\_  
Cell
Home
Work

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Last
First
M.I

Phone Numbers: \_\_\_\_\_  
Cell
Home
Work

### EMERGENCY CONTACT INFORMATION (Other than parents)

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Last
First
Cell
Work

Name: \_\_\_\_\_ Phone Numbers: \_\_\_\_\_  
Last
First
Cell
Work

### MEDICAL INFORMATION

Health Plan: \_\_\_\_\_ Insurance Number: \_\_\_\_\_ Clinic: \_\_\_\_\_

### STUDENT MEDICAL HISTORY INFORMATION (Please indicate if your child has/had the following:)

ILLNESS	YES/NO	ILLNESS	YES/NO	ILLNESS	YES/NO	ALLERGIES (LIST)
Anemia		Diabetes		Mumps		
Asthma		German Measles		Rheumatic Fever		
Chickenpox		Heart Disease		Tuberculosis		
Convulsion/Seizures		Measles		Other (Specify)		

Has your child ever been under the care of a Psychologist, Psychiatrist or other mental health treatment provider?  Yes  No

Other significant illness, accidents, surgery, limitations, disabilities and medications the school should be aware of: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SCHOOL YEAR 2020-2021

**PHYSICAL EXAMINATION** *(To be completed by a Physician)*

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ BP: \_\_\_\_\_ T-P-R \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Vision (R) \_\_\_\_\_ Vision (L) \_\_\_\_\_ Hearing (R) \_\_\_\_\_ Hearing (L) \_\_\_\_\_

Description	Normal	Abnormal	Examined	Comments
General Appearance	_____	_____	_____	_____
Skin, Hair, Nails	_____	_____	_____	_____
Optic Fundus	_____	_____	_____	_____
Ears: External	_____	_____	_____	_____
Auditory Acuity	_____	_____	_____	_____
Tympanic Membrane	_____	_____	_____	_____
Nose, Mouth, Throat	_____	_____	_____	_____
Speech	_____	_____	_____	_____
Teeth, Gums	_____	_____	_____	_____
Neck (Glands, Thyroid)	_____	_____	_____	_____
Cardiovascular	_____	_____	_____	_____
Respiratory	_____	_____	_____	_____
Gastrointestinal	_____	_____	_____	_____
Genito-Urinary	_____	_____	_____	_____
Musculo-Skeletal	_____	_____	_____	_____
Scoliosis Screening	_____	_____	_____	_____
Neurological	_____	_____	_____	_____
Nutritional Status	_____	_____	_____	_____
Behavior during exam	_____	_____	_____	_____
Other	_____	_____	_____	_____

**STUDENT LIMITATIONS:** Is this student subject to any condition that limits participation in:

	Yes	No	Comments
1. Classroom activities?	_____	_____	_____
2. Physical Education?	_____	_____	_____
3. Interscholastic Sports?	_____	_____	_____

Is this child on medication? \_\_\_\_\_ Medication (please list): \_\_\_\_\_

Significant Family History (Physical health, social, economical) \_\_\_\_\_

**ANNUAL PPD SKIN TEST AND IMMUNIZATIONS:**

1. PPD skin test results: (It is the school's policy that each child obtain a PPD skin test on an annual basis.) If PPD results are positive, a copy of chest X-ray and physician's report must attach.

Date administered: \_\_\_\_\_ Date read: \_\_\_\_\_ Results: \_\_\_\_\_ Negative \_\_\_\_\_ Positive

2. Are immunizations current per the Public Health Schedule and requirements for school enrollment? \_\_\_\_\_ Yes \_\_\_\_\_ No

3. Please attach a copy of student's immunization record.

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Clinic: \_\_\_\_\_