

Laurel Hall School - Frederick
 4540B Mack Ave.
 Frederick, MD 21703

PART I - HEALTH ASSESSMENT

- To be completed by parent/guardian -

Student Name: (Last, First, Middle)	Birth Date (MO. DAY YR.)	Sex (M / F)	School	Grade
Address (Number, Street, City, State, Zip)			Phone No.	
Parent/Guardian Names				
Where do you usually take your child for medical care?			Phone No.	
Name:		Address:		
When was the last time your child had a physical exam?				
Month:		Year:		
Where do you usually take your child for dental care?			Phone No.:	
Name:		Address:		
ASSESSMENT OF STUDENT HEALTH				
To the best of your knowledge, does your child have a history of or any problems with the following. Please check yes or no.				
	Yes	No	Comments	
Birth defects				
Prematurity				
Hospitalization (When, Where)				
Concussion (Head Injury)				
Surgery				
Lead Poisoning				
Eye or Vision Problems				
Ear Problem or Deafness				
Speech Problem				
Cerebral Palsy				
Meningitis				
Heart Problems				
Serious Allergic Reactions				
Behavior or Emotional Problem				
Allergies (Food, Insects, Drugs, etc.)				
Asthma				
Sickle Cell Disease				
Diabetes				
Seizures				
Bleeding Problems				
Limits on Activity				
Problem with Bladder				
Problem with Bowels				
Does your child take any medication?				
<input type="checkbox"/> Yes		<input type="checkbox"/> No		
		Name of Medication _____		
Parent/Guardian Signature _____				Date _____