



## Student Health Inventory

**Part One:** Please provide the following information, although a physical exam is not required, we request that you also provide a copy of your child's most recent physical with his/her pediatrician. If an exam has not been completed within the last year, we recommend that this occur prior to the opening of school.

Student \_\_\_\_\_

Grade \_\_\_\_\_

Date of Birth \_\_\_\_\_

Gender \_\_\_\_\_

List any previous illnesses, injuries or traumatic experiences that may have impacted your child's development.

Did any of these illnesses/experiences require hospitalization? If so, please describe the treatment and outcome.

List any allergies including food or seasonal allergies that your child may have. If any of these are serious and/or life-threatening, please advise us about the precautions that are recommended by your physician (including use of Epi-pen).

Is your child currently being treated for any conditions/health problems? If so, please provide details.

Has your child undergone a psycho-educational evaluation?    Yes    No

If so, please provide a copy of the report that you were issued – particularly the recommendations to the school. This information will be maintained in your child's file and can provide invaluable insights to optimize his/her experiences at Epiphany.

Physician's name \_\_\_\_\_ Practice \_\_\_\_\_

Health Insurance Carrier \_\_\_\_\_ Policy Holder's Name \_\_\_\_\_

