

## HEALTH QUESTIONNAIRE AND PERMISSION FOR TESTING PROGRAMS

Student \_\_\_\_\_ Birth Date \_\_\_\_\_ Phone \_\_\_\_\_  
Last Name                      First                      Middle

Parents \_\_\_\_\_ Address \_\_\_\_\_

Physician \_\_\_\_\_ Phone # \_\_\_\_\_

Dentist \_\_\_\_\_ Phone # \_\_\_\_\_

*Please provide a date for any illnesses your child has had.*

ILLNESS	DATE	ILLNESS	DATE
Chicken Pox		Diabetes	
Epilepsy		Allergy	
Whooping Cough		Asthma	
Poliomyelitis		Ear Infections	
Scarlet Fever		Serious Injury	
Pneumonia		Hearing Loss	
Rheumatic Fever		Vision Loss	
Measles		Surgery	
Epilepsy		Head Injury	
Tonsillitis		Back Injury	
Tuberculosis		Other	

***If your child is on medication,*** please refer to the “Medication Policy” in the Student-Parent Handbook regarding the dispensing of medication in school.

***IMMUNIZATION DOCUMENTATION:*** According to the Texas Department of Health guidelines, any document will be acceptable, provided it has been validated by a physician or public health personnel.

### PERMISSION FOR TESTING PROGRAMS

Permission is given this date \_\_\_\_\_, for my child

\_\_\_\_\_ to participate in the Health Program at Nazareth Academy School, to include EYES, EARS, DENTAL, A. N., AND SCOLIOSIS SCREENING. This permission continues in effect until revoked.

Parent or Guardian Signature \_\_\_\_\_ (Form HQ-2)