



[ONE FORM PER STUDENT]

School Nurse Questionnaire

2020-2021

Dear Parent,

In an effort to help us provide optimum health services for your child and keep your child's school health record complete and up-to-date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation or injury? If yes, please specify: _____ Yes ____ No ____

2. Does your child have any known allergies? If yes, please note allergy and treatment: _____ Yes ____ No ____

3. Does your child have asthma? If yes, please note medication and restrictions, if any: _____ Yes ____ No ____

4. Is your child allergic to insect stings? If yes, specify treatment procedure: _____ Yes ____ No ____

5. Is your child on any medications? If yes, specify: _____ Yes ____ No ____

6. Does your child need medication in school? If yes, please complete the "School Medication Permission Form" and follow its directions. Yes ____ No ____
7. Does your child have a special learning need or receive special services of any type? If yes, please explain: _____ Yes ____ No ____

8. Does your child have any vision or hearing problems? If yes, please explain: _____ Yes ____ No ____

9. Does your child have any health concerns of which the school should be made aware? If yes, please explain: _____ Yes ____ No ____

Child's Name: _____ Grade: _____ Birth Date: _____

Parent Signature: _____ Date: _____