

Health Office Questionnaire

Please note, some questions are repeated from the enrollment questionnaire. If you do not wish to disclose, then please leave blank. If you click yes on any of the questions, you will receive a second form to have the physician complete. If you have any questions, you can contact the Health Office nurse@ghctk12.com.

STUDENT'S NAME: _____ DOB: _____

1. Does your child need medication other than an inhaler, EPI Pen, Insulin, or Glucagon at school?

(Students are not allowed to carry any medication including over-the-counter medications EXCEPT for rescue medications EpiPen, Inhaler, or Glucagon. Please have the doctor fill out the form. The completed form with the medication should be delivered to the health office by the first day Summer Transition Academy.)

YES

NO

2. Does your child have allergies? If yes, please list below.

(Students are not allowed to carry any medication including over-the-counter medications EXCEPT for rescue medications EpiPen, Inhaler, or Glucagon. Please have the doctor fill out the form if your child is prescribed an EpiPen and/or Benadryl at school. The Benadryl must be kept in the health office. Please have the doctor fill out the form. The completed form with the medication should be delivered to the health office by the first day Summer Transition Academy.)

YES

NO

3. Does your child have Type 1 or Type 2 Diabetes?

(Please complete the Diabetic Protocol Paperwork that will be sent to you once this questionnaire is completed. Please have the doctor fill out the form and return it the health office with medication and supplies the student will need at school by the first day of attendance. It is advised that parents call (818)-360-2361 ext 389 or email nurse@ghctk12.com to schedule a time to have student meet with school nurse.)

YES

NO

4. Within the last year, has your child experience any asthma symptoms?

(Students are not allowed to carry any medication including over-the-counter medications EXCEPT for rescue medications EpiPen, Inhaler, or Glucagon. Please have the doctor fill out the form and return it to the health office with the medication by the first day of Summer Transition Academy.)

YES

NO

5. Does your child have a history of seizures? If yes, please explain.

YES

NO

6. Does your child have a history of any other medical/psychiatric conditions? If yes, please list.

YES

NO

7. Is your child able to do regular physical education? If NO, please explain.

YES

NO

8. Does your child have a known hearing loss? If yes, please email the health office at nurse@ghctk12.com with the most recent audiologic report.

YES

NO

Please note that surgical sutures, ace bandages, crutches, orthopedic braces, casts, wheelchairs, and other ambulatory devices shall be permitted at school ONLY with written permission of the physician.

If at any time a student is injured and requires accommodations or PE restrictions, please submit a doctor's note to the Health Office as soon as possible.