

Al-Sabereen Full-Time Islamic School

ANNUAL HEALTH SURVEY

• Please **sign and return** this form to your school nurse as soon as possible

Student's Legal Name	Grade Teacher
Parent Name (completing this form)	
Physician's name	Phone
Does your child have any of these ongoing	health conditions:
Asthma Seizure D	isorder Diabetes Type 1 Type 2
Life Threatening Allergy (Must	be documented with a physician's treatment order)
Other	
During this past year, has your child had: Serious illness, injury, or operation?	Yes No
Is your child under treatment?	Yes No
Immunization updates – please attach immunization record only if any immunizations have been given in the past year. Medication administration at school requires a written doctor's order.	
Is your child presently taking any medication? Name of med: Dose:	Yes No Reason: When started:
signed school parent permission form for cathe-counter medications for additional info Please mark those items or their generic s	dications, Tylenol, Advil and Tums can be provided at school with a over-the-counter medication. Please see the attached policy for over-tmation. This information is required to be updated annually. <u>ubstitutes which may be provided by the school nurse</u> in the care of to acknowledge that you have reviewed the school over-the-counter
Acetaminophen (Tylenol)	Tums Ibuprofen (Advil/Motrin)

Date:_____Parent signature:_____