Health Questionnaire
Woodland Park School District RE2
ALL STUDENTS RETURNING OR NEW TO THE DISTRICT MUST COMPLETE THIS FORM

Has your child attended school in Woodland Park School District in the past? **Yes** ☐ **No** ☐
When was the last year your child attended school here? **What Grade?**

_____ ☐ M ☐ F _____ _____ _____
Student's Name Birth Date Grade Today's Date

Health Concerns (Please check all that apply)

- ☐ **Convulsive Disorder**
- ☐ **Bone/Joint Disease**
- ☐ **Tuberculosis**
- ☐ **Rheumatic fever**
- ☐ **Speech Problems**
- ☐ **Dental Problems**
- ☐ **Vision Problems**
- ☐ **Asthma [diagnosed by doctor]**
- ☐ **Frequent Headaches**
- ☐ **Migraines [diagnosed by doctor]**
- ☐ **Heart Condition**
- ☐ **Diabetes**
- ☐ **Ulcer/Stomach Problems**
- ☐ **Hearing Problem**
- ☐ **Frequent Ear Infections**
- ☐ **Wears Glasses/Contacts**
- ☐ **Allergies [PLEASE LIST]**

_____
_____
_____

If your child has any of the above health conditions or any other physical or emotional health concerns such as ADHD, ADD, Bipolar Disorder etc. not listed above, please describe below:

Is your child taking any medications [prescription or over-the-counter]? ☐ **Yes** ☐ **NO**
Name any medication[s] and what they are prescribed for:

Does this medication need to be given at school ☐ **Yes** ☐ **No**

[IF YES PLEASE REQUEST A PERMISSION FORM REQUIRED FOR MEDICATIONS AT SCHOOL]

Please initial here if your child can be given or offered sunscreen by school personnel:_____
List any recent immunization booster [s] and date[s] received:_____
Has your child had Chicken Pox? ☐ **Yes** ☐ **No If yes, please indicate date:**_____
Has your child had any serious illnesses, operations or injuries? ☐ **Yes** ☐ **No**
If yes, please indicate date and describe:

Does your child have any requirements for special attention at school because of health problems [diet, limited activities, etc.]? ☐ **Yes** ☐ **No**
If yes, please describe:

Has your child ever experienced a Head Injury or Concussion? ☐ **Yes** ☐ **No**
If Yes please explain:

THE SCHOOL HAS MY PERMISSION TO RELEASE PERTINENT MEDICAL INFORMATION TO APPROPRIATE PERSONNEL

_____ _____ _____
Parent/Guardian Signature **Date** **EMERGENCY NUMBER**