

*Celebrating 60 Sensational Years*



# Emanuel Lutheran School

179 East Main Street, Patchogue, NY 11772  
631.758.2250 Fax 631.758.2418 emanluthpatchsc.org

2016 International Award-Winning Inviting School  
2017 Inviting School Fidelity Award  
by International Alliance for Invitational Education

*Faithfully serving families since 1957*

## HEALTH HISTORY INFORMATION

Child's Name: \_\_\_\_\_

HAS CHILD HAD:	Y/N	IF SO, WHEN?	HAS CHILD HAD:	Y/N	IF SO, WHEN?
Anemia	_____	_____	Measles	_____	_____
Arthritis	_____	_____	Meningitis	_____	_____
Asthma	_____	_____	Migraines	_____	_____
Cardiac Disorder	_____	_____	Mumps	_____	_____
Chicken Pox	_____	_____	Operations	_____	_____
Diabetes(Type 1)	_____	_____	Orthopedic Disorder	_____	_____
Diabetes (Type 2)	_____	_____	Pneumonia	_____	_____
Ear Disorder	_____	_____	Rheumatic Fever	_____	_____
Elevated Cholesterol	_____	_____	Scarlet Fever	_____	_____
German Measles	_____	_____	Seizure Disorder	_____	_____
Head Injury or	_____	_____	Serious Injuries	_____	_____
Concussions	_____	_____	Sore Throats	_____	_____
High or Low Blood	_____	_____	Tuberculosis	_____	_____
Pressure	_____	_____	Urinary Disorder	_____	_____
Hives or Eczema	_____	_____	Other	_____	_____

Allergies:

Bee Stings\_\_\_\_\_ Food\_\_\_\_\_ Medication\_\_\_\_\_ Other\_\_\_\_\_

Has the student ever had an insect bite followed by a rash? Yes\_\_\_\_\_ No \_\_\_\_\_

Has the student ever complained about any joint pain? Yes\_\_\_\_\_ No \_\_\_\_\_

May the student participate in a regular unlimited physical education program? Yes\_\_\_\_\_ No \_\_\_\_\_

If no, please explain:

\_\_\_\_\_

Is the student taking any medications? Yes\_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

Is there any special information, physical or emotional, concerning the child the school should be aware of that would help in the protection of general health during the period of school years? Yes\_\_\_\_\_ No \_\_\_\_\_

\_\_\_\_\_

Parent's Signature\_\_\_\_\_ Date \_\_\_\_\_

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_

<b>EMERGENCY HEALTH INFORMATION</b>
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Family Physician: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Does your child have any special health problems (including allergies, asthma, or medication):

\_\_\_\_\_  
\_\_\_\_\_

Does the child wear glasses/contact lenses?  Yes  No

If at any time the above information must be changed, I will notify the school in writing.

Signature of Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_