

Celebrating 60 Sensational Years



Emanuel Lutheran School

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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 Concussions	_____	_____	Serious Injuries	_____	_____
High or Low Blood Pressure	_____	_____	Sore Throats	_____	_____
Hives or Eczema	_____	_____	Tuberculosis	_____	_____
			Urinary Disorder	_____	_____
			Other	_____	_____

Allergies:

Bee Stings _____ Food _____ Medication _____ Other _____

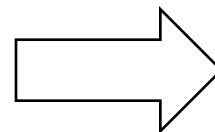
Has the student ever had an insect bite followed by a rash? Yes _____ No _____

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: _____

EMERGENCY HEALTH INFORMATION

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 _____