# CATHOLIC SCHOOL HEALTH REPORT — DIOCESE OF FT. WORTH

A health examination is required for all first time entrants or all new students to the school. This information is required prior to the 1st day of school to be complete. **For participation in sports, this physical examination is required each year to be completed after June 1, for the upcoming school year.**

*(Physical and completed sports packet is required before student can practice and / or play any sport)*

## THIS SIDE TO BE COMPLETED BY PARENT/GUARDIAN — Entering Grade ____ Year_____

CHILD'S NAME: _____ SEX: M F BIRTHDATE: _____
First Middle Last Month Day Year

ADDRESS: _____
Street City ZIPCODE

MOTHER'S NAME: _____ TELEPHONE: _____ _____
First Middle Last Home Work

FATHER'S NAME: _____ TELEPHONE: _____ _____
First Middle Last Home Work

IN CASE OF EMERGENCY IN WHICH THE PARENTS CANNOT BE REACHED, PLEASE CALL:

| | Name | Relationship | Telephone Number(s) |
|---|---|---|---|
| 1) | _____ | _____ | _____ |
| 2) | _____ | _____ | _____ |

PLEASE LIST NAME, RELATIONSHIP AND TELEPHONE NUMBER(S) OF THOSE WHO MAY PICK THIS CHILD UP FROM THIS SCHOOL: _____

**Health History: (Please explain any yes answers)**

a) Any known chronic illness; Asthma, Cystic Fibrosis, Diabetes, Heart, etc. Yes: ___ No: ___
_____

b) Any known allergies; drug, environmental, food; describe: Yes: ___ No: ___
_____

c) History of head injury, concussion, seizure, etc? Yes: ___ No: ___
_____

d) History of any hospitalization or surgery; explain: Yes: ___ No: ___
_____

e) Any spinal injuries or spinal defects: Yes: ___ No: ___
_____

f) List **all** medications taken on a daily basis:
_____

g) Note special concerns regarding participation in physical education, athletics or sports for your child:
_____

h) Does your child wear contact lens (eyes) or have any orthodontic appliance in their mouth? Yes: ___ No: ___

i) Any recurrent skin rashes, abscesses in past year? (explain) Yes ___ No ___
_____

*** *SPECIAL EMERGENCY REFERRAL INSTRUCTIONS* ***

**In the event I cannot be reached or make arrangements for emergency medical attention at the time of illness/ accident, I hereby authorize:**

_____ **to take my child to:**
NAME OF SCHOOL

_____
PHYSICIAN ADDRESS TELEPHONE #

_____
HOSPITAL ADDRESS TELEPHONE#

PARENT / GUARDIAN'S SIGNATURE: _____ Date: _____