

Galway Central School Health Questionnaire and Permission Slip:

Parents and student: Please complete sections 1-3 *before* your appointment. Students without a completed permission slip and history will be unable to have an in-school health assessment

Part 1: Permission

I give permission for my child _____ to be seen by a Galway Family Health provider on _____ for a health assessment and physical exam.

Signature: _____ Relationship to child: _____
Date: _____

Part 2: Student information

Name: _____ Sex _____ Age _____ DOB _____
Grade _____ Sport(s) _____
Name of Parent/Guardian _____
Emergency Contact _____
Relationship to student _____ Contact number(s) _____
Physician _____ Office # _____

Part 3: Health History

Medical problems..... _____
Current Medications.. _____
Allergies _____

Has your child ever been diagnosed with the following?

- Asthma
- High cholesterol
- Diabetes: Type I Type II
- High blood pressure
- Seizure disorder
- Serious allergic reaction to food, medicine, insect, or other

Please list and describe reaction: _____

Part 4: Physician Review and Signature

Comment: _____
Signature: _____ Date: _____