

**KAYENTA BOARDING SCHOOL
KAYENTA, ARIZONA**

EMERGENCY/HEALTH ASSESSMENT RECORD

TO: Parent or Guardian:

In order to provide the best educational experience, school personnel must understand your child's health needs. This information will be shared to alert school staff on your child's health status as necessary.

State law requires complete primary immunization to be on file in your child's personal folder.

To be completed by Parent/ Guardian (Please print)

Name of Student	Birth Date	F	M
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Emergency Contact person – Relationship	Telephone #
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Medical facility your child is seen when he/she is sick: _____

Student Health History

Please check answers to the following questions in columns on the left. (Explain all "Yes" answers in the space provided below)

- | | | |
|--------------------------|--------------------------|--|
| Yes | No | |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Do you have any concerns about your child's general health (eating and sleeping habits, weight, teeth etc.)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any other specific illness or problem?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any allergies (food, insects, medications, etc.)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child take any medication (daily or occasionally)? Does it need to be given at the school? Yes ___ No ___</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Does your child have any problems with vision, hearing or speech (glasses, contacts, ear tubs, hearing aids)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had any hospitalization, operation, or major illness (specify problem)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had any significant injury or accident (specific problem)?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Would you like to discuss anything about your child's health with the school administrator?</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | <i>Has your child had chicken pox or received the chicken pox vaccine?</i> |
| | | <i>If yes, that your child got chicken pox, give date when your child got the chicken pox. _____.</i> |

(Please explain any "Yes" answers here. For illnesses/injuries/etc., include the year or your child's age at the time.)

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Parent/Guardian: (Please print) _____

Telephone Number: (Home/Cell): _____ Work: _____

Signature: _____ Date: _____

To be maintained in child's health record file.