

General Health Appraisal Form

Bookcliff Christian School

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Parent: *Please Complete*

Child's Name: _____ **Birthdate:** _____

Report of General Health: _____

Does Child have: (Check any that apply)

Frequent colds Frequent sore throat Bronchitis Sinusitis
 Allergies Asthma Kidney Disease Heart disease
 Convulsions Stomach Upsets Vision Deficiency Glasses/Contacts
 Hearing Deficiency Other _____

Explain any conditions marked _____

Preventative creams/ointments/sunscreen may be applied as requested in writing by parent.

I, _____ give consent for my child's health provider or school to discuss my child's health concerns. My child's health provider may return this form (and applicable attachments) to my child's childcare provider or school.

Parent or Legal Guardian Signature

Date: _____
Authorization expires 365 days after this date

Health Care Provider: *Please complete after parent section has been completed.*

Date of last exam: _____ **Recent Weight:** _____

Physical Exam: Normal Abnormal (see explanation of significant health concerns)

Significant Health Concerns: None Reactive Airways Disease Seizures Diabetes

Developmental Delays Vision Hearing Hospitalizations Severe Allergies

Other (dental, nutrition, behavior, etc.) _____

Explain concerns above (if necessary, include instructions to childcare providers/teachers): _____

Current Medications/Special Diet: None Describe: _____

(Separate medication authorization form required for medications given in Child Care)

Is there any reason why the student cannot participate in a full physical education program? **If yes, explain** _____

Health Care Provider Signature:

This child is healthy and may participate in all routine activities, sports, camps, and child care. Any concerns or exceptions are identified on this form.

Date _____

***Signature of Health Care Provider**
(certifying form was reviewed)

****Attach Copy of Immunization record****