



El Paso Country Day School
Health Form
2010 - 2011

STUDENT:		DATE OF BIRTH:		
AGE:	WEIGHT:	HEIGHT:		
Record abnormal condition only:				
<input type="checkbox"/> Heart	<input type="checkbox"/> Eyes	<input type="checkbox"/> Nervous System	<input type="checkbox"/> Chest/Lungs	<input type="checkbox"/> Skin
<input type="checkbox"/> Teeth	<input type="checkbox"/> Kidneys	<input type="checkbox"/> Muscular/Skeletal	<input type="checkbox"/> Throat	<input type="checkbox"/> Sinuses
Medical History: Please indicate if student has had any of the following:				
<input type="checkbox"/> Measles	<input type="checkbox"/> Scarlet Fever	<input type="checkbox"/> Whooping Cough	<input type="checkbox"/> Mumps	
<input type="checkbox"/> Pneumonia	<input type="checkbox"/> Diphtheria	<input type="checkbox"/> Rheumatic Fever	<input type="checkbox"/> Chicken Pox	
Allergies (include food):				
Current Medications:				
Has the student had any surgery in the past year?				
If yes, please describe				
Other conditions				
For the protection of your child and the other students and faculty, EPCDS requires all students to have an annual physical with the completed form maintained in the school office.				
Physician's Name (please print)				
Address:			Phone:	
Hospital Preference:				
Physician's Signature (mandatory):			Date:	
Parental Permissions: (All grades)				
El Paso Country Day School may administer acetaminophen (Tylenol) to my child at the school's discretion.				
Parent Signature:		Date:		
I agree to promptly inform the school of any changes relevant to my child's health.				
Parent Signature:		Date:		