

The  
POST OAK SCHOOL Health Inquiry Form, 2015-2016

**Personal Information:**

Student: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Class: \_\_\_\_\_

Though some of the information on this form may seem to duplicate material from the Emergency Release Form, the City of Bellaire Health Department requires the school to keep it on file separately.

Child's physician: \_\_\_\_\_ Physician's phone number: \_\_\_\_\_

**General Health:**

Please describe any changes in your child's health for the 2015-2016 school year:

Please also indicate if "none."

Are there any medical conditions (physical, respiratory, immunological, etc.) that may affect school performance or require attention during the school year?

Please also indicate if "none."

**Medications:**

What medications, if any, does this child take daily at home?

Please also indicate if "none."

A Permission to Dispense Medication form must be on file at the school's front desk to have medication administered to your child during the school day. To obtain one, contact the front office or download it from our web site at [www.postoakschool.org](http://www.postoakschool.org).

**Allergies:**

Please describe any allergies this child may have to specific drugs, foods, or other substances:

Please also indicate if "none."

For any life-threatening allergies, an Allergy Action Plan must be completed annually. You may request one from the school's front office, or download it from our web site.

**Immunizations:**

Please attach your child's most recent immunization record, or have your child's doctor fax it to 713-661-4959.

**Signatures:**

Parent / Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

Students new to The Post Oak School also require a physician's signature below:

Physician signature: \_\_\_\_\_ Date: \_\_\_\_\_