



**THE CANTERBURY EPISCOPAL SCHOOL**

1708 North Westmoreland Road • DeSoto, TX 75115

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www.thecanterburyschool.org

**2011 – 2012 STUDENT HEALTH FORM**

**This form is required for ALL STUDENTS.  
Completed form valid for one academic year.**

**Completed by Parent / Guardian**

**Student's Full Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**MEDICAL HISTORY:**

**Yes No**

- Bleeding Tendency
- Head Injury, Seizure, Unconsciousness, Concussion or Convulsions
- Headaches / Dizziness
- Asthma / Chronic Lung Disease
- Hernia
- High Blood Pressure
- Diabetes
- Neck Injury
- Bone and/or Joint Disease
- Heart Disease / Murmur Type: \_\_\_\_\_
- GE Reflux / Stomach Disorders
- Hepatitis
- Chicken Pox – Date: \_\_\_\_\_
- Skin Disease
- Contact Lens or Glasses
- Wearing any removable Dental Appliance (Bridge, Plate, Retainer)?
- Is student taking medication regularly? If "yes" please specify name of drugs and reason: \_\_\_\_\_

**Yes No**

- Now Under Physician's Care  
Name of Physician: \_\_\_\_\_
- Dental Exam Date: \_\_\_\_\_  
Name of Dentist: \_\_\_\_\_
- Allergy
  1. Food \_\_\_\_\_
  2. Medication \_\_\_\_\_
  3. Environmental \_\_\_\_\_
- Tuberculosis
- Rheumatic Fever
- Sickle Cell Anemia
- Kidney Disease / Urinary Track Diseases
- Emotional (Psychological) Disturbance
  1. ADHD \_\_\_\_\_
  2. Eating disorder \_\_\_\_\_
  3. Depression \_\_\_\_\_
  4. Anxiety \_\_\_\_\_
- Surgical Operation – Date: \_\_\_\_\_  
Type of Anesthesia: \_\_\_\_\_
- Do you know of any reason to limit your child's participation in any sport?  
\_\_\_\_\_  
\_\_\_\_\_

Additional information beneficial to the well-being of your child while attending school:  
\_\_\_\_\_  
\_\_\_\_\_

Please initial the over-the-counter medications the office staff is allowed to administer to your child, according to package directions.

\_\_\_\_\_ Ibuprofen (Advil) \_\_\_\_\_ Acetaminophen (Tylenol) \_\_\_\_\_ Naproxen (Aleve)  
 \_\_\_\_\_ Antacids \_\_\_\_\_ Cough drops