Holy Spirit
EPISCOPAL SCHOOL

12535 Perthshire Road
Houston, TX 77024

TO BE COMPLETED BY THE PARENT

Name:		Grade:			
Address:					
Birthdate:		M / F	Phone:		
Allergies?	Y N			(see back of form)	
Epipen?	Y N	Inhaler?	Y N	Allergy Action Plan?	Y N
Special needs, hospitalizations or surgeries?			Y N (if yes, notes on back)		
Daily medications:					

Check over the counter medications your child may have while on campus

□ Tylenol	□ Advil	□ Benadryl	□ Tums

Medical/Religious exemptions?	□ Y □ N (attach certificate with Y)
Mother's Name:	
Father's Name:	

Parent contact information

Mother's Work:		Mother's Cell:	
Father's Work:		Father's Cell:	
Mother's Email:			
Father's Email:			

Person(s) to call if parents are not available

Name:		Phone:	
Name:		Phone:	

Health Information Release

I have read and agree the information on this form, with any initialed changes is correct. I give permission for the information on this health form to be shared with school personnel on a need-to-know basis, to provide appropriate services for my child. I agree to notify the school of any changes in my child's health status.

Emergency Treatment Release

▶ Parent Signature:		Date:	
Child's Doctor:		Phone:	
Insurer:		Policy #:	

TO BE COMPLETED BY A PHYSICIAN

Yearly physical is required

Height:		Weight:		Blood Pressure:	
Pulse:		Scoliosis:	Pass / Observation / Referred		

Vision:	**R:** 20/	**L:** 20/	Vision Correction: Glasses / Contacts
Auditory:	**R:** Pass / Fail	**L:** Pass / Fail	
Acanthosis Nigricans:	Y N		

	Student cleared for participation in health fitness and athletics.
	Student cleared after completing evaluation or rehabilitation for
	Not cleared for
Notes/Abnormalities:	

Exam	Within Normal Limits?	
Cardiovascular		
Abdomen	Y	N (explain)
Neuro	Y	N (explain)
Respiratory	Y	N (explain)
GU	Y	N (explain)
Musculoskeletal	Y	N (explain)
HEENT	Y	N (explain)

Notes:

All students, new and returning, must provide updated Immunization Records with this form.

▶ Physician Signature:		Date:	

I certify that on this date I have examined the above student and recommend him/her as physically able to participate in supervised gym activities and/ or to join an athletic team.

RETURN THIS COMPLETED FORM AND UPDATED IMMUNIZATION RECORDS BY AUGUST 19, 2020