

Health Questionnaire

Student Name: _____

The following information will help the school staff understand your student better.
Please indicate any area of concern regarding your student's health, development or behavior.

This student has a history of:

- | | | |
|---|--|--|
| <input type="checkbox"/> Hearing problems | <input type="checkbox"/> Vision problems | <input type="checkbox"/> Speech difficulties |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Asthma | <input type="checkbox"/> Seizure disorder |
| <input type="checkbox"/> Heart problems | <input type="checkbox"/> Allergies | <input type="checkbox"/> Other _____ |

Please explain any item checked above or any other chronic medical condition that your student experiences. _____

Please list any medications that your student uses regularly: _____

Immunization Requirements

Washington State law requires that all students have a completed Certificate of Immunization Status form on file at school. Foundations Christian Preschool complies with the standards of the Washington State Department of Health relating to the immunization of school students. All students must meet the minimum vaccine requirement for school attendance. Please seek the advice of your health care provider in order to maintain current protection for your student.

Your student may be exempt from certain immunization for medical, personal or religious reasons. The Certificate of Immunization Status form provides space to document a medical exemption requiring a physician's signature. Personal or religious exemptions require a parent signature. There is also space to document immunity to measles, mumps or rubella.

A COMPLETED CERTIFICATE OF IMMUNIZATION STATUS FORM MUST BE PROVIDED AT THE TIME YOU ENROLL YOUR STUDENT AT FOUNDATIONS CHRISTIAN PRESCHOOL. Questions regarding the minimum requirements for your student's grade level may be directed to your physician.

Photo/Quote Agreement

I/We hereby grant permission for Foundations Christian Preschool to take photos of my/our student and to use his/her photo or quotations in school promotional materials. Yes No

Form completed by _____ Date _____

Relationship to student _____