



General Health Appraisal

Parent Section

Child's Full Name (Last, First, MI): _____ Birthdate: _____

Allergies: _____

(If allergies are listed, student must have an allergy plan completed by the physician.)

Diet: Age Appropriate or Special (provide an explanation below):

By checking this box, I acknowledge that in order for sunscreen to be applied to my child, I must provide HPA with a written request. Sunscreen will not be applied in any instance if my child's skin is broken or bleeding.

I, _____ give consent for my child's healthcare provider or school employees to discuss my child's health concerns. My child's healthcare provider may fax this form (and applicable attachments) to High Point Academy at (303) 217-5153.

Parent or Guardian Signature

Date

*Please supply this page to your child's healthcare provider to complete the bottom section. Students **must** have this on file to be enrolled at High Point Academy.*

HealthCare Provider: *Please complete after parent section has been completed.*

Date of last examination: _____ Weight: _____ HCT: _____ B/P _____ Lead Level _____

Physical Exam: Normal Abnormal (Please provide a supplemental document providing a detailed explanation)

Significant Health Concerns:

- None Seizures Diabetes Developmental Delays Asthma Speech/Language Vision Hearing
 Hospitalizations Severe Allergies Other (Provide an explanation below):

Current Medications: None List _____

(A separate medication form is required for HPA to administer medications to the above student)

Immunizations: Up-to-date See attached immunization record Administered today: _____

Date of next well visit: _____

This child is healthy and may participate in all routine activities, sports, and child care. Any concerns or exceptions are identified on this form.

Signature of Health Care Provider

Date of Last Examination

(Health Appraisal expires 1 year after this date)

Please provide a stamp bearing office name, address and phone number