



STUDENT PHYSICAL FORM

GREEN PARK LUTHERAN SCHOOL requires all NEW students, kindergarten, 4th and 7th grades to have a physical examination and current immunization report. This physical form, along with a detailed Immunization Report are required before the first day of school.

CHILD'S NAME _____ GRADE _____

DATE OF BIRTH _____

PHYSICAL EXAMINATION

Height _____ Weight _____ B/P _____

VISION

Normal _____ Glasses _____ Contacts _____

HEARING

Normal _____ Abnormal _____

GROWTH DEVELOPMENT

Ears/Nose _____ Heart _____ Musculoskeletal _____ Head/Neck _____
Skin/Glands _____ Mouth/Teeth _____ Genitalia _____

DOES CHILD HAVE MEDICAL OR MENTAL HEALTH DIAGNOSIS? IF YES, PLEASE EXPLAIN: _____

PRESCRIPTION MEDICATIONS? _____

DOES CHILD HAVE ALLERGIES OR ASTHMA? IF YES, PLEASE EXPLAIN: _____

*Inhaler: ___ yes *Nebulizer: ___ yes *Epi-Pen: ___ yes *Yearly Action Plan Required

DAILY OVER THE COUNTER MEDICATIONS? _____

CHILD HAS PERMISSION TO TAKE THE FOLLOWING MEDICATIONS: **Parent signature required yearly on separate Student Medication Form**

Acetaminophen _____ (dosage): Ibuprofen _____ (dosage) every 4-6 hours as needed for fever/pain/headache.

LIMITATIONS OR RESTRICTIONS:

Activity restrictions _____

Diet restrictions _____

IMMUNIZATION RECORDS REQUIRED - PLEASE ATTACH A COPY OF CHILD'S IMMUNIZATIONS FROM PHYSICIAN

DATE _____

PHYSICIAN SIGNATURE _____

PRINTED NAME _____

***A substitute form from your doctor may be submitted, but should contain all of the information listed above.**