

**DE LA SALLE HIGH SCHOOL
PARENT REPORTED HEALTH INFORMATION FORM**

De La Salle High School hopes to provide the best educational programs appropriate for the needs of college-oriented young men. In order to better serve each individual student, parents are asked to complete the following:

Student's Name: _____ Birth date: _____

(PLEASE PRINT)

1. List any serious health problems your son has, such as diabetes, seizures, heart condition, allergies, etc. Please explain current status: _____

2. List any medications, prescribed by a physician, which your son is now taking:

3. List any operations your son has had, including dates:

4. List any serious injuries your son has had (such as broken bones, head injuries), including dates:

5. Has your son ever been unconscious? _____ Had fainting spells? _____ Had convulsions?

6. Does your son have any vision, hearing, speech, or any other physical problem, which may affect school work? Please explain:

Parent Signature: _____ Date: _____

Parent Health Report

8-27-10

blank forms mjo