

Shepherd Valley Waldorf School

EDUCATING CHILDREN • CULTIVATING COMMUNITY • ENVIRONMENTAL STEWARDSHIP

Health Appraisal (Completed by Healthcare Professional)

Child's name: _____ Birth Date: _____

Health History & Medical Information pertinent to routine childcare & emergencies:

None or Describe: _____

Special Diet: _____

Allergies: _____ Type of reaction: _____

*Medical action plans need to be on file for students with diagnosed allergies or asthma.
These forms are available upon request and need to be completed by a physician.*

Current medications: _____

Additional permission forms necessary if medications are dispensed on campus.

Acetaminophen (Tylenol) _____ (Dosage) may be given for pain every four hours as needed and may NOT be given for more than three consecutive days without further evaluation by the physician.

Ibuprofen _____ (Dosage) may be given for pain every four hours as needed and may NOT be given for more than three consecutive days without further evaluation by the physician.

The following may be applied topically:

_____ **Bach Rescue Remedy cream**
(For cuts, sores, general abrasions as needed)

_____ **Weleda Calendula Ointment**
(For rashes & minor skin irritations)

_____ **Weleda Burn Care**
(For burns, sunburn & insect bites)

_____ **Weleda Arnica Ointment**
(For sprains, bruises & muscle pain)

May or May Not use **Bach Rescue Remedy Liquid**, four drops in small glass of water to be given for stress or upset every four hours as needed.

Describe any recurrent health problem (such as asthma, seizures, ear infections, diabetes, illness, hospitalization or concerns with development, etc.) _____ or None

Comments: (include instructions to the child care provider(s)) _____

Date of most recent examination of child: _____

Weight: _____ Height: _____ Vision: _____ Hearing: _____ Dental Screening: _____

Health Provider Name: _____ **Date:** _____

Address: _____ **Phone:** _____

Health Provider Signature: _____

I _____ give consent for my child's healthcare provider & childcare
(parent or legal guardian)

provider to discuss my child's health concerns.

Parent Signature

Date