



Gage Farm Schoolhouse Health Form

Please attach a current physical and a list of up-to-date immunizations

Medical Exemption Religious Exemption

Child's Name: _____ D.O.B. _____ Age: _____

Address: _____ Phone: _____

Parents/Guardians Names: _____

Address: _____

Date of Most Recent Physical: _____

Please Answer the Questions Below:

- Gage Farm Schoolhouse has my permission to obtain emergency and/or non emergency medical treatment for my child when I can not be reached or if a delay in reaching me would be dangerous for my child _____ yes _____ no
- What is your opinion concerning your child's general health?

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- Does your child have any disabilities or chronic medical problems (allergies, limited vision, etc.) which require special consideration or care by the school? If so, please detail below:

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- Please share your child's health history (e.g. hospitalizations, operations, injuries special tests) of which we should be aware?

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- Any Additional Information You Would Like to Share: _____

Parent/Guardian Signature: _____ Date: _____