

THE BANFF SCHOOL HEALTH RECORD

ALL STUDENTS MUST FURNISH A COMPLETED HEALTH FORM, FRONT AND BACK WITHIN THE FIRST 10 DAYS OF SCHOOL.

Date of examination _____ Date of Birth _____

Student Name _____ Grade _____ has been examined by me and found free of infectious and contagious disease and is physically and mentally able to participate in group activities.

Physician's signature _____ Address _____ Phone _____

All immunizations are subject to the doctor's decision as to which inoculation is given when. A statement should be signed by the doctor that a particular immunization should not be given to a particular student at this time.

Immunization	Date 1 st Dose	Date 2 nd Dose	Date 3 rd Dose	Date 4 th Dose	Date 5 th Dose
DTP/DtaP					
Polio					
MMR					
Measles					
Hib					
Hepatitis B					
Varicella					
Hepatitis A					
Meningococcal Vaccine					
Pneumococcal Conjugate					
Tetanus, Diphtheria, Acellular Pertussis Containg Vaccine Tdap					
Measles (date of illness)	Mumps (date of illness)		Varicella (date of illness)		
TB Test Date:			Result:		
Scoliosis (6 th and 9 th graders) date:			Result:		

Any allergies or special recommendations _____

Parent/Guardian Medical Authorization

I, parent or guardian of the above named student, hereby gives approval for his/her participation in any and all PE/Athletic activities. I assume all risk and hazards incidental to such participation including transportation to and from the activities; and do hereby waive, absolve, indemnify and agree to hold harmless The Banff School, sponsors, supervisors, participants, and persons transporting the participant to and from activities, for any claim arising out of an injury to the participant.

I also grant permission for managing personnel to authorize and obtain medical care from any licensed physician, hospital, or medical clinic, should the participant become ill or injured while participating in PE/Athletic activities when neither parent nor guardian is available to grant permission for emergency treatment. I do hereby agree to indemnify and save harmless the school and any school representative from any claim by any person whomsoever on account of such care and treatment of said student.

If parents are separated, who has custody of the child? _____

Date _____
Signature of Parent or Guardian _____

Please attach a copy of both sides of the student's insurance card.

SPECIAL SENSES SCREENING RECORD

Screening requirements per Special Senses and Communication Disorders Act, Texas Health and Safety Code:

1. first time entrants, age 4 and above
2. all 4 year olds, Kindergarten, 1st, 3rd, 5th, 7th, and 9th graders.

Hearing Screening:

1st at 25dB: R L
 500 Hz _____/_____
 1000 Hz _____/_____
 2000 Hz _____/_____
 4000 Hz _____/_____

Pass _____ Fail/Rescreen _____

Date _____

Signature _____

2nd at 25dB: R L
 500 Hz _____/_____
 1000 Hz _____/_____
 2000 Hz _____/_____
 4000 Hz _____/_____

Pass _____ Fail/Refer _____

Date _____

Signature _____

Vision Screening:

1st:
 Distance Acuity R-20/_____
 L-20/_____

Pass _____ Fail/Rescreen _____

Date _____

Signature _____

2nd:
 Distance Acuity R-20/_____
 L-20/_____

Pass _____ Fail/Refer _____

Date _____

Signature _____