

# 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.

**Health Professional - Please choose which pain management medication is allowed.**

**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 six hours as needed and may NOT be given for more than three consecutive days without further evaluation by the physician.

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: \_\_\_\_\_

**Parental Permission - By initialing, I approve of the following topical ointments to be applied to my child.**

\_\_\_\_\_ **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.

I \_\_\_\_\_ give consent for my child's healthcare provider & childcare provider to  
(parent or legal guardian) discuss my child's health concerns.

\_\_\_\_\_  
Parent Signature

\_\_\_\_\_  
Date