



GRISWOLD PUBLIC SCHOOLS

211 Slater Avenue, Griswold, CT 06351

Tel: (860) 376-7600 Fax: (860) 376-7607

griswoldpublicschools.org

HEALTH QUESTIONNAIRE

Information provided will be shared with the appropriate staff as stated in the Family Education Right and Privacy Act (FERPA)

STUDENT NAME: _____ GRADE: _____

Please check yes (Y) or no/non-applicable (N). **My child...**

Y | N

- ☐ 1. Has been diagnosed with **ASTHMA**.
- ☐ 2. Has had **SEIZURE** activity in the past 12 months.
If yes, specify: _____
Medication: _____
- 3. Please list any **MEDICATION(S)** your child will need.
TO TAKE IN SCHOOL: _____
TO TAKE AT HOME: _____
- ☐ 4. Was seriously **ill/sustained injury** or **had surgery** in the last 12 months.
If yes, specify: _____
- ☐ 5. Is allergic to **Bees/Wasps**.
If yes, specify: _____
Medication: _____
- ☐ 6. Is allergic to **Medication/Latex/Other**.
If yes, specify: _____
- ☐ 7. Is allergic to **FOOD**.
If yes, which food(s): _____
Reaction(s): _____
Medication: _____
- ☐ 8. Is **DIABETIC**. If yes, please select: ☐ **TYPE I** ☐ **TYPE II**
- ☐ 9. Wears glasses/contacts.
- ☐ 10. Has a hearing aid and/or hearing problems.
- ☐ 11. Has specialized equipment (i.e. wheelchair, leg braces, assistive feeding devices, crutches, walker, catheterization supplies, ostomy supplies, diabetic meters, etc.)
If yes, specify: _____
- ☐ 12. Has a diagnosis of **ADHD**.
- ☐ 13. Has a diagnosis of **Anxiety**.
- ☐ 14. Has a diagnosis of **ASD (Autism Spectrum Disorder)**.
- ☐ 15. Has a diagnosis of **Bipolar**.
- ☐ 16. Has a diagnosis of **Depression**.
- ☐ 17. Has a diagnosis of **Manic Depression**.
- ☐ 18. Has **Headaches/Migraines**.
- ☐ 19. Is there anything you'd like to speak to the School Nurse about that is not on this list?
- ☐ 20. If necessary, may the School Nurse have your permission to contact your child's physician in regards to their health?
- ☐ 21. Does your child have Health Insurance?

Parent/Guardian Signature: _____ Date: _____



HEALTH QUESTIONNAIRE

GPS School Nurses:

GRISWOLD ELEMENTARY SCHOOL (GES)

Sarah McEwen RN
SMcewen@griswoldpublicschools.org
Health Assistant, Nicole Rentz
(860) 376-7615

303 Slater Avenue,
Griswold CT, 06351

GRISWOLD MIDDLE SCHOOL (GMS)

Renee Normandie RN, BSN
District Nurse Coordinator
RNormandie@griswoldpublicschools.org
Health Assistant, Kelsey Dutra
(860) 376-7624

211 Slater Avenue,
Griswold, CT 06351

GRISWOLD HIGH SCHOOL (GHS)

Stephanie Bibeau RN, BSN
SBibeau@griswoldpublicschools.org
Health Assistant, Jenna Martin
(860) 376-7647

267 Slater Avenue,
Griswold, CT 06351