

School Health Risk Assessment Form

Instructions: Please complete all sections accurately. Information provided will be kept confidential and used only to support student well-being.

Student Information

Full Name	
Date of Birth	
Grade/Class	
Parent/Guardian Name	
Contact Number	

Medical History

Condition	Yes/No	Details (medications, triggers, etc.)
Asthma		
Allergies (food, medication, etc.)		
Diabetes		
Heart Condition		
Epilepsy/Seizures		
Other (please specify)		

Lifestyle & Behavioral Information

Question	Yes/No	Comments
Does the student smoke or use tobacco products?		
Does the student consume energy drinks or excessive caffeine?		
Does the student participate in physical activity/exercise regularly?		
Does the student have adequate sleep habits?		
Any recent emotional or behavioral issues?		

Emergency Information

Emergency Contact Name	
Relationship	
Emergency Contact Number	
Family Doctor/Clinic	

Parental/Guardian Consent

I confirm the accuracy of the information above and consent to its use by school health personnel to ensure my child's safety and well-being.

Signature	
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Date	
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This form is confidential and will be used to customize health interventions, promoting early detection and prevention of health issues within the school community.