

Trafton Academy Student Profile Card 2023-2024
TO BE COMPLETED BY THE PARENT

Student's Last Name _____ First Name _____ FALL Grade Level _____

Address: _____ City _____ Zip _____

Home Phone _____ Birthdate: _____ Age: _____ Male/Female _____

Child lives with: Mother _____ Father _____ Both _____

Mother's Name: _____ Cell # _____

Mother's Work # _____

Mother's E-mail: _____

Father's Name: _____ Cell # _____

Father's Work # _____

Father's E-mail: _____

Father's Address: _____

Person to call if the parents are not available: _____

Name: _____ Phone # _____

Hospital of choice: _____ Phone # _____

Insurer: _____ Policy # _____

Check the medications that may be dispensed to your child by the school.
 Tylenol Advil Tums Zyrtec Claritin Benadryl Midol

I have read and agree the information on this form is correct. I give permission for the information on this health form to be shared on a need-to-know basis in order to provide appropriate medical care for my child. In the event of an emergency, I authorize Trafton Academy permission to secure any transportation necessary for my child to be transported to a hospital. I authorize the hospital and any attending physicians to perform any and all diagnostic procedures and /or treatments required including blood transfusion(s). I will assume financial responsibility for the emergency medical transportation, emergency treatment, and any medical expenses incurred thereafter.

Parent's Signature: _____ Date: _____

Trafton Academy Student Health Form 2023-2024
TO BE COMPLETED BY A PHYSICIAN
HEALTH ASSESSMENT TO BE COMPLETED BY PHYSICIAN EACH YEAR

*****Please include a current copy of immunizations.

HEIGHT: _____ WEIGHT: _____ lbs BP: _____

REQUIRED VISION SCREEN _____ REQUIRED HEARING SCREEN _____

With Correction: Yes _____ No _____ 1000Hz 2000Hz 4000Hz

Right Eye 20/____ Left Eye 20/____ R _____ I _____ Db _____

Pass _____ Fail _____ Referral _____ L _____ I _____ Db _____

Pass _____ Fail _____ Referral _____

REQUIRED Scoliosis Screen Findings

L R

High Shoulder

Shoulder blade stands out more than other

Obvious curve of the spine in area of rib cage

Round Back

Recommendation: No Treatment Referral - Submit Professional Examination

L R

Rib hump

Obvious curve of spine in lower back

Hip higher than the other side

REQUIRED Acanthosis Nigrificans: Yes No

Is child on regular medication?

_____ No _____ Yes (If yes, Rx permission must be on file with the school.)

Please list prescription medications: _____

Has he/she ever had a convulsion or seizure? Yes No

Notes: _____

Allergies? No Yes (If yes, list: _____

I certify that on this date I have examined the above student and

recommend him/her as being physically able to participate in supervised

Physician's Signature: _____ Date: _____

**The State of Texas requires all student files to be current on the first day of school. All forms and current immunizations are due by August 18, 2023. Your child will not be able to attend school until his/her file is complete.