



STUDENT HEALTH INFORMATION

Student Name _____ Date of Birth ____/____/____ Grade _____

Vision and Hearing	
<input type="checkbox"/> There are no known Vision or Hearing Conditions <input type="checkbox"/> Wears Contacts <input type="checkbox"/> Hearing problem <input type="checkbox"/> Wears Glasses <input type="checkbox"/> Uses hearing aids	If a student wears glasses, please specify in the Notes section in Student Registration under the Health tab.

Health Conditions			
<input type="checkbox"/> There are no known Health Conditions			
Condition	Comments	Condition	Comments
ADD/ADHD		Diabetes	
Allergies (food)		Eye Condition	
Allergies (drugs, latex, etc.)		Heart Condition	
Asthma (see below)		Migraines	
Behavioral problems		Muscle Problems	
Bladder/Bowel problems		Seizures	
Cerebral Palsy		Spinal Injury	
Cystic Fibrosis		Other	
Does medication need to be administered during school hours? YES NO Medication _____			
Does student have any condition that may result in a classroom emergency? YES NO Condition _____			
Does student have a physical condition which limits participation in: Classroom? YES NO Physical Ed? YES NO			

For the conditions checked above, please provide additional information. If your student requires an inhaler, epi-pen, or medication at school you must complete a School Medication Authorization Form.	
Severe Allergies (plan)	What is your child allergic to? _____ EPI PEN at school? YES NO Is emergency medication needed at school for allergies? YES NO Medication _____ Type of allergic reaction that occurs: HIVES SWELLING DIFFICULTY BREATHING OTHER
Asthma (plan)	Is medication needed at school for asthma? YES NO List triggers: _____ Inhaler at school? YES NO Dosage _____
Other Health	Name of problem: _____
Problem/Disability	Notes for school: _____

In the event of an accident or other emergency, when a parent or guardian is unavailable, a representative of the school will make arrangements as he/she considers necessary for my child to receive medical/hospital care, including necessary transportation, in accordance with their best judgment. Parents are responsible for all costs.

