

# HEALTH INFORMATION FORM

(one form per child)

Student's Name \_\_\_\_\_ Teacher \_\_\_\_\_

Primary Phone Number \_\_\_\_\_  
(for emergency or sick child)

<b>Does your child have any chronic health conditions? Yes / No</b>			
<b>Y / N</b>	<b>Condition</b>	<b>Y / N</b>	<b>Condition</b>
	Asthma		Hemophilia
	Attention Deficit		Heart Problems
	Diabetes		Other:
	Depression		Other:

Please describe the status of your child's condition.

Does your child's health condition require any emergency medication? Yes / No  
If so, please describe.

<b>Please list any medications your child takes on a regular basis.</b>				
<b>Name of Medication</b>	<b>Dosage</b>	<b>Frequency</b>	<b>Taken at Home</b>	<b>Taken at School</b>

<b>List any allergies your child has, including food, insects, etc.</b>				

<b>Does the student wear / use any of the following:</b>			
<b>Y / N</b>	<b>Item</b>	<b>Y / N</b>	<b>Item</b>
	Glasses		Hearing Aides
	Contacts		Orthopedic Braces
	Wheelchair		Other:

<b>Has a physician placed any restrictions on your child's activities? Yes / No</b>			
<b>If so, please describe:</b>			

<b>Is there any other health information that school staff should know about your child?</b>			

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_