

**CLEVELAND INDEPENDENT SCHOOL DISTRICT
STUDENT HEALTH INFORMATION**

Student Name: _____
Last name First name Middle initial

Student DOB: _____ **Student Grade:** _____

Student Address _____
Street address City Zip Code

Parent/Guardian Name: _____

Parent/Guardian Phone: _____
Home Phone Cell Phone

Please list any medical conditions your child has: (including any food allergies)

Please list any medications your child is on: _____

Students physician: _____
Name Phone #

Parent/Guardian signature: _____

(Parent, by signing this form, you give permission for your child's health information to be flagged in TxEis)

Date signed: _____