



Student Name: _____

DOB: _____ Grade: _____ ID#: _____

School Year: _____

Has your child had any of the health problems listed below? Please explain if you answer yes.

Condition:	Yes	No	Elaboration:
Allergy- Seasonal, Environmental, Food, medication.			to what?
<p>***Severe food allergy means a dangerous or life-threatening reaction of the human body to a food-borne allergen introduced by inhalation, ingestion, or skin contact that requires immediate medication attention. <u>If it is not listed, there will be an understanding that your child does not have any allergies.</u>***</p>			
<u>Life threatening allergies/reactions?</u>			to what? Require medication?
Asthma – A doctor’s written authorization is required to carry and self-administer asthma medication at school.			Has a doctor given approval for your child to carry and self-administer the medication in school?
Mental/Psychological Disorders			If yes, what disorder? Require medication?
Birth defect			
Diabetes			
Chronic Ear Infection			Has tubes?
Hearing Problems			Hearing Aids?
Eye - Wears glasses or contacts?			
Other Disorders of the Eye			
Epilepsy/Seizures			Date of last seizure?
Hepatitis			Type: A B C
Kidney/Bladder Problems			
Rheumatic Fever			
Ulcers/Gastritis			
Orthopedic/Bone Problems?			
Heart Problems			
Doctor ordered restrictions?			

Other Conditions or Comments: _____
