



GOWER SCHOOL DISTRICT 62



Student Health Information Form

**\*\*Please complete and enclose in the Registration Packet\*\***

<b>Child's Name:</b> (Please Print)	<b>Grade Entering:</b>
<b>Parent/Guardian Name:</b> (Please Print)	
<b>Parent/Guardian Signature:</b>	<b>Date:</b>

Does your child have any significant medical condition of which the school district should be aware? If yes, please specify.

Please list all medications your child is currently taking.

Does your child have any known allergies? If yes, please note any medications and/or treatments.

Is your child allergic to any insect stings? If yes, please explain reactions and treatments.

Does your child have any difficulties with their vision or hearing? If yes, please specify.

Does your child have any health/medical concerns that you would like to discuss with the nurse? If yes, how would you like us to contact you?