

Darien School District 61-**Health Information Form 2024-2025**

Student Name _____ Grade _____ Birth date _____

Emergency Contact Person _____ Phone Number _____

Doctor's Name(s) & Phone Number: _____

(if you indicate YES for any category, please explain)

#	Concern	YES or NO	Explanation/Comments
1	Allergies	<input type="checkbox"/> Yes <input type="checkbox"/> No	Allergic to?
	*Uses Epi-Pen or Auvi-Q	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2	Asthma	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Uses inhaler	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Rarely <input type="checkbox"/> Once Daily <input type="checkbox"/> More than once daily <input type="checkbox"/> For Sports
	*Uses inhaler at school	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3	Behavior Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
4	Daily Medication	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Names of Medications	At Home	
	School Medications REQUIRE Medical Authorization form	At School	
5	Diabetes	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Ear / Hearing problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	Eye / Vision problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
	*Glasses / Contacts	<input type="checkbox"/> Yes <input type="checkbox"/> No	Date of last eye exam
7	Heart Problems	<input type="checkbox"/> Yes <input type="checkbox"/> No	
8	Hospitalizations	<input type="checkbox"/> Yes <input type="checkbox"/> No	
9	Mental Health Concerns	<input type="checkbox"/> Yes <input type="checkbox"/> No	
10	Physical Restrictions	<input type="checkbox"/> Yes <input type="checkbox"/> No	
11	Seizures	<input type="checkbox"/> Yes <input type="checkbox"/> No	
12	Serious Injuries/Concussion	<input type="checkbox"/> Yes <input type="checkbox"/> No	
13	Surgeries	<input type="checkbox"/> Yes <input type="checkbox"/> No	
14	Other/Comments	<input type="checkbox"/> Yes <input type="checkbox"/> No	Use back of page to explain

I release this information to be shared with appropriate school and emergency personnel for health and educational purposes.

Parent/Guardian signature

Date