

STUDENT HEALTH INFORMATION  
**2024-2025**

Student: \_\_\_\_\_ Grade: \_\_\_\_\_ Date: \_\_\_\_\_

**PHYSICIAN DIAGNOSED HEALTH CARE NEEDS**

ADHD: \_\_\_\_\_ HEART: \_\_\_\_\_

AUTISM: \_\_\_\_\_ MOBILITY: \_\_\_\_\_

ASTHMA: \_\_\_\_\_ SEIZURES: \_\_\_\_\_

DEPRESSION/ANXIETY: \_\_\_\_\_ URINARY: \_\_\_\_\_

DIABETES: \_\_\_\_\_ VISION: \_\_\_\_\_

HEARING: \_\_\_\_\_ OTHER: \_\_\_\_\_

MEDICATION ALLERGY: \_\_\_\_\_

REQUEST FOR FOOD ALLERGY INFORMATION

*(The District must request, at the time of enrollment, that the parent or guardian of each student attending the District disclose the student's food allergies. This form will satisfy this requirement. Addition information regarding food allergies, including maintaining records related to a **student's** food allergies, can be found at FD and FL.)* This form allows you to disclose whether your child has a food allergy or severe food allergy that you believe should be disclosed to the District in order to enable the District to take necessary precautions for your child's safety.

"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 medical attention.

Please list any foods to which your child is allergic or severely allergic, as well as the nature of your child's allergic reaction to the food.

Food:	Nature of allergic reaction to the food:

Parent/Guardian Signature: \_\_\_\_\_ Date form returned: \_\_\_\_\_