

HEALTH INFORMATION
(To be completed by parent or guardian)

Student's Name: _____ Sex: Male Female Entering Grade: _____

Birthdate: _____ Birth place: _____
(mm/dd/yyyy) (city) (state)

Name(s) of Parent or Guardian: _____

Address: _____ Home Telephone: _____

Cell Number: _____

Work Number: _____

From the following list, please select all that the student has had:

Yes	No	Date	Yes	No	Date	Yes	No	Date
<input type="checkbox"/>	<input type="checkbox"/>	Allergies _____	<input type="checkbox"/>	<input type="checkbox"/>	Asthma _____	<input type="checkbox"/>	<input type="checkbox"/>	Chicken Pox _____
<input type="checkbox"/>	<input type="checkbox"/>	Contact w/TB _____	<input type="checkbox"/>	<input type="checkbox"/>	Diabetes _____	<input type="checkbox"/>	<input type="checkbox"/>	Ear Conditions _____
<input type="checkbox"/>	<input type="checkbox"/>	Epilepsy _____	<input type="checkbox"/>	<input type="checkbox"/>	Heart Disease _____	<input type="checkbox"/>	<input type="checkbox"/>	Operations _____
<input type="checkbox"/>	<input type="checkbox"/>	Pneumonia _____	<input type="checkbox"/>	<input type="checkbox"/>	Rheumatic Fever _____	<input type="checkbox"/>	<input type="checkbox"/>	Scarlet Fever _____
<input type="checkbox"/>	<input type="checkbox"/>	Tuberculosis _____	<input type="checkbox"/>	<input type="checkbox"/>	Wears Glasses/Contacts _____	<input type="checkbox"/>	<input type="checkbox"/>	Other _____

If you have answered yes to any of the above, describe briefly any ongoing medical treatment:

Are there any medical problems, handicaps or conditions not included above of which the school should be made aware of? If so, please explain: _____

Is the student taking medication at present? Yes No If you answered yes, please list all medications: _____

Student's Physician: _____ Phone Number: _____

Today's Date _____ Parent/Guardian Signature: _____

For Office Use Only

Copy of Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Copy of Immunization Record? <input type="checkbox"/> Yes <input type="checkbox"/> No
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