

Student Name _____ Date of Birth _____

Male _____ Female _____

Student's last physical _____ date _____ clinic _____ physician _____

In order to better maintain your child's health & safety, please check any or all areas of concern:

- | | |
|---|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Heart Condition |
| <input type="checkbox"/> Allergies | — Dizziness/Fainting |
| — Bee sting (mild or severe) | — Other |
| — Food _____ | <input type="checkbox"/> Nosebleeds ___ frequent |
| — Hayfever/Seasonal | <input type="checkbox"/> Sinus Infections ___ frequent |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Sore throats/colds ___ frequent |
| <input type="checkbox"/> Emotional/Behavioral | <input type="checkbox"/> Vision Concerns |
| — ADD(H) | — Wears glasses |
| — Anxiety | — Wears contacts |
| — Depression | — Other _____ |
| — Other _____ | <input type="checkbox"/> Stomach concerns |
| <input type="checkbox"/> Epilepsy/Seizures | — Stomachaches |
| <input type="checkbox"/> Headaches | — Ulcers |
| — Treated with _____ | — other |
| <input type="checkbox"/> Hearing concerns | <input type="checkbox"/> Weight concern |
| — Wears hearing aid (L R) | — Gain |
| — Earaches | — Loss |
| — Loss of hearing (L R) | <input type="checkbox"/> Other Health Issues |
| <input type="checkbox"/> Injury/Trauma | — _____ |
| — Head | _____ |
| — Other _____ | _____ |

Any complications during pregnancy, labor or delivery? ___yes___no

Explain _____

Any hospitalization since birth? ___yes___no date _____

Explain _____

Is your child on medication? ___yes___no Name of medications _____

*****The Medication Administration Form needs to be completed for all medication given at school.**

Are there any toileting concerns (day/night wetting/frequency/urgency) ___yes___no

Explain _____

Are there any health issues school/staff need to know _____

Are there problems or concerns at home that may affect your child's learning? _____

Check here if your child **DOES NOT** have any health concerns

Parent/Guardian Signature _____

Date _____