2023-2024

Student Health

Student's Name _____ Date of Birth: _____ Grade: _____
(FIRST NAME) (LAST NAME)

	YES	NO
1. Is there anything you wish to discuss with school administration about your child's physical or emotional health?	____	____
2. Does your child have any of the following:		
a. **Allergies to food, medication or other?** Please list: _____	____	____
What medication is taken for the allergy? _____		
b. **Asthma?**	____	____
What medication is taken for the asthma? _____		
c. **Problems with vision, hearing or speech?**	____	____
Explain: _____		
d. **History of recent hospitalizations?**	____	____
Explain: _____		
e. **Other ongoing health conditions we should be aware of?**	____	____
Explain: _____		
f. **History of behavior concerns?**	____	____
Explain: _____		
4. Does your child regularly take medication or therapy at home or at school?	____	____
Please describe: _____		
**Please fill in a Medication Administration Form if medication is needed at school*		
5. Are your child's immunizations up to date?	____	____
**Incoming Kindergartners and 7th graders need updated immunization forms turned in*		
6. Is there anything else that we should know about your child?	____	____
Explain: _____		

Emergency Contacts

Please list TWO additional emergency contacts (*if parents/guardians cannot be reached):

1. Last Name _____First: _____ Relationship to student: _____

Primary Phone #_____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)

2. Last Name _____First: _____ Relationship to student: _____

Primary Phone #_____ Secondary phone # _____
home / work / cell (circle one) home / work / cell (circle one)