

Student Name: \_\_\_\_\_ School: \_\_\_\_\_

Teacher Name: \_\_\_\_\_ Entering Grade: \_\_\_\_\_

School Year: \_\_\_\_\_

**MEDICAL INFORMATION**

Doctor/Physician: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Address: \_\_\_\_\_

Preferred Hospital: \_\_\_\_\_

**LIFE-THREATENING ALLERGIES/SERIOUS MEDICAL CONDITION(S)**

*Your child cannot start his/her first day of school until a medical alert conference is held.*

*This meeting will be scheduled as soon as possible, and no later than three (3) school days after the day of registration.*

YES NO

**My child has a life-threatening allergy.**

Please specify: \_\_\_\_\_

**My child has a serious medical condition.**

Please specify: \_\_\_\_\_

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Name of Parent/Guardian Signature Today's Date (Month/Day/Year)

**MEDICAL HISTORY:** *In order for us to assist your child in gaining the most from his/her school experience, it is necessary to have a current health history.*

HAS YOUR CHILD EVER HAD, OR DOES HE/SHE NOW HAVE:	YES	NO	DESCRIPTION
Allergies			
Food			
Medication			
Bee sting			
Other			
Injuries – Concussion – Head Injury			
Frequent or Excessive Nose Bleeds			
Hospitalizations - Operations			
Orthopedic – Bone or Joint Problems			
Asthma			
Diabetes			
Sickle Cell Anemia			
Anemia			
Hearing Loss – Use of Hearing Aids			
Vision Loss – Wears Contacts/Glasses			
Speech Condition			
Dizziness, Fainting, Severe or Frequent Headaches			
Seizures/Convulsions/Epilepsy			
Heart Conditions			
Contact with Tuberculosis/A Positive Tuberculin Skin Test			
Severe Abdominal Pain – Ulcer			
Excessive Ear Infections			
Excessive Colds			
Frequent or Painful Urination			
Intestinal Condition			
Family History of Scoliosis			
Excessive Worry, Anxiety, or Depression			
<b>PLEASE LIST ANY MEDICATION(S) YOUR CHILD TAKES REGULARLY:</b>			

*ANY OTHER INFORMATION THAT MIGHT BE HELPFUL FOR US TO KNOW ABOUT YOUR CHILD, OR CIRCUMSTANCES AT HOME, THAT COULD AFFECT HIM/HER AT*

*SCHOOL?* \_\_\_\_\_

Parent: \_\_\_\_\_ Date: \_\_\_\_\_