

Heath Information Form

Please complete the form attached and have your child return to his/her teacher

Name of Student: _____

Heath Care Number: _____

Doctor's Name: _____ Number: _____

Parent/ Guardian contact: _____

Phone Numbers: Work: _____ Home: _____

Emergency Contact Person: _____

Number: _____

Teacher's Name: _____

1. Please indicate if your child has experienced any of the following and provide pertinent details:

- | | | |
|--|--|---|
| <input type="checkbox"/> Epilepsy | <input type="checkbox"/> Diabetes | <input type="checkbox"/> Orthopedic Problems |
| <input type="checkbox"/> Hearing Disorders | <input type="checkbox"/> Asthma | <input type="checkbox"/> Chronic Nosebleeds |
| <input type="checkbox"/> Arthritis/ Rheumatism | <input type="checkbox"/> Head/ Back conditions or injuries | |
| <input type="checkbox"/> Dizziness | <input type="checkbox"/> Headaches | <input type="checkbox"/> Fainting |
| <input type="checkbox"/> Dislocated Shoulder | <input type="checkbox"/> Hernia | <input type="checkbox"/> Hyper-Mobile or Painful Joints |
| <input type="checkbox"/> Trick or Lock Knee | <input type="checkbox"/> Any other condition we should be aware of
(please specify below) | |
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2. Please indicate if your child has any allergies, if so please list important details below

3. Medications:

a) ****CONTACT THE SCHOOL REGARDING THE USE OF PRESCRIBED MEDICATION AT SCHOOL**

b) ****For non- prescribed medication**

i) These may be used from school supplies: Yes: No

ii) If yes please indicate which may be used: _____

iii) If yes indicate specific instructions: _____

****THE SCHOOL WILL CONFIRM THIS INFORMATION**

4. Does your child wear a medic alert bracelet, neck chain or carry a medic alert card?

Yes No If yes, please specify what is written on it: _____

5. Please describe any other relevant medical conditions that will limit your child's full participation in sports/ general activities: _____

Student's Signature: _____ Date: _____

Parent's Signature: _____ Date: _____

Principal's Signature: _____ Date: _____