

New Student Health Information Form

Today's Date:

STUDENT Legal Last Name					Legal First Name		Legal Middle Name		BIRTHDATE	GRADE	
1. Doe	s your ch	ild have	ə:		<u> </u>						
			No	Yes - in last year	Yes – more than 1 year ago	Approximate Diagnosis Date	Condition was	Mild	Moderate	Severe	
Allergies							<u> </u>				
Asthma							_				
Diabetes				<u> </u>			_				
Heart Problem Seizures				<u> </u>	 	+	┥ … ト				
	rlactic Rea	ction		 	+	+	- ···				
7 111001	Idolio i tou		Other:		<u>I</u>	<u>.I.</u>			I		
2 Doe	s your ch	ild have									
	_			ns? Date	of last eve exa	ım:					
— 1	J - ycc		•			istance 🖵 Rea		times]			
	_				=		-	umes j			
⊔ no			aring problems? Date of last hearing exam: learing aids?								
□n	o 🖵 yes	Freau	ıent ear i	infections?							
	J = , 55	•				_ Treatment pro	wided? 🗆 no				
	_					_ Heatinonic pro	videa: = ne	□ y03			
⊔ n∉	o □ yes	Other	diagnos	sed condition	n						
3. Plea	ase chec	k if yo	ur child	l has ever	been diagn	osed as havin	ıg:				
🖵 n	o 🖵 yes	Learn	ing Disal	bilities							
🖵 n	o 🖵 yes	Speed	ch/Langı	uage Delays	S						
	o 🖵 yes	•	lopmenta	-							
☐ no ☐ yes Social, emotional, or behavior problems affecting school performance											
	o ⊒ yes					5 a5 c	0. 60	,,			
	o ⊒ yes			cit Disorder	r (ADD)						
	o ⊒ yes			/ impulsivity	, ,						
	-		cal Probl		y						
	o □ yes	,									
				l condition _							
For	any box	marked	"yes," pi	lease provid	de date of diaç	gnosis and a bri	ef explanation	1:			

4. Does t	this child take medication of any kind? 🛭	no 🖵 yes
Please	e identify:	
Will vo	our child require medication at school? 🗅	no. Divos
		ilo 🖫 yes
Please	e identify:	
. Will yo	our child require an EpiPen at school for s	severe allergic reactions? Uno Uyes *
*	Please Note: Before any prescription or nonpre	escription medication may be dispensed at school, an
		nust be filled out and signed by the parent/guardian and
	licensed healthcare provider. This form is require	ed annually and is avallable in the school oπice.
ملا م مال	sia ahilal haal amu aasiassa aasialamta as inis	uiaa) Dua Dua
	nis child had any serious accidents or inju	ries: uno uyes
Please	e identify:	
authorize	e / request the above information be shared	with district staff overseeing the care of my child.
	·	,
_egal Pare	nt/Guardian Signature	Date
₋egal Pare	ent/Guardian Signature	Date