

YEARLY HEALTH INFORMATION

Student _____ M / F Birthdate _____ Grade _____ Date _____

Doctor's Name _____ Phone _____ Last Exam _____

NO MEDICATIONS WILL BE GIVEN AT SCHOOL WITHOUT A WRITTEN DOCTOR'S CONSENT ON FILE.

Please check any of the following that applies to your child. Give details whenever possible and dates as needed.

Has your child ever had or currently have any of the following?

	YES	NO	COMMENTS/EXPLAIN
ADD/ADHD (Circle one)			Medication taken at school? Yes / No Medicated at home? Yes / No
Asthma			Will Child have an Inhaler at School?
			What produces Symptoms?
Allergies-Meds,seasonal,insects			Explain:
			Type of reaction:
Birth Defects			Explain:
Bleeding Issues			Frequent nose bleeds?
Bone/Joint Issues			Explain:
Dental Problems (Braces)			Last Dental exam? Dentist name/phone:
Diabetes			Insulin injections at school? Yes/No Insulin Pump? Yes/No
			Will child have a glucometer at school?
Ear / Hearing Issues			Explain: Hearing aids? Yes / No
Eye/Vision Issues			Explain: Last eye exam:
Wears glasses/contacts			Circle all that apply: Reading Distance Contacts
Headaches			Migraines? Yes/No Explain:
Heart Issues			Explain:
Siezuers/Fainting			Explain:
Serious Injury			Explain:
Skin Conditions			Explain:
Stomach/Bowel Issues			Explain:
Urinary Issues			Explain:
Hospitalizations			Explain:
Surgery			Explain:
Food/Dietary Restrictions			List:
Allergies: Peanut/nuts			Epi Pen at school? Yes/No
			Type of reaction:
Allergies: Milk/Lactose			Epi Pen at school? Yes/No
			Type of reaction:
Allergies: Other Foods			List:
			Type of reaction:
Other Concerns (Use Back)			

LIST ALL MEDICATIONS YOUR CHILD IS TAKING:

Medication	Dose	Times:	Why is your child taking this medication?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

As parent/legal guardian of this child, I grant permission to Channahon School District 17 to act on my behalf in dealing with the health and welfare of my child, and to obtain emergency treatment by a licensed physician, in the event I cannot be reached.

Parent Printed Name _____ Home Phone _____

Cell Phone _____

Parent Signature _____ Work Phone _____