

UPDATED HEALTH INFORMATION 2010

Student Name _____ **DOB** _____

Date completing form _____

Has your child been diagnosed with any health issues? Yes No

If yes, explain: _____

Does your child take any medications on a routine basis, this includes seasonal medications? Yes No

If yes, please list: _____

Do you have any concerns with your child's health? Yes No

If yes, please explain: _____

Has your child been diagnosed with any allergies, including adverse reactions to medication? Yes No

If yes, explain: _____

Are there any diagnosis, including behavioral issues that we need to be aware of? Yes No

If yes, explain: _____

Is your child currently under the care of a physician or licensed medical professional on a routine basis that we need to be aware of (i.e. Physical therapy, Chiropractor, Social Worker, etc.)? Yes No

If yes, explain: _____
