Student first name	Student last name	Birth date

Office Use Only
Student ID# _____

Health Information

◇ Health Care Provider

Marking "YES" may require you to provide Physician's Document

◇ Dentist

Student Health Conditions (Check Yes or No below and explain when necessary.)

ADD/ADHD	Yes No	Diabetes	Yes No
Allergies to animals (If Yes, explain)	Yes No	Eating disorder issues	Yes No
		Headaches (not migraine)	Yes No
Allergies to food (If Yes, explain)	Yes No	Head injury/concussion	Yes No
		Heart problems (If Yes, explain)	Yes No
Allergies to insects (If Yes, explain)	Yes No		
		Kidney/urinary problems (If Yes, explain)	Yes No
Allergies to medication (If Yes, explain)	Yes No		
		Migraines	Yes No
Allergies/environmental (If Yes, explain)	Yes No	Nutritional/growth issues (If Yes, explain)	Yes No
Anxiety	Yes No	Orthopedic problems (If Yes, explain)	Yes No
Asthma	Yes No		
Autism/Asperger's	Yes No	Seizures/neurological problems (If Yes, explain)	Yes No
Behavioral issues	Yes No		
Bipolar	Yes No	Stomach problems (If Yes, explain)	Yes No
Cancer (If Yes, explain)	Yes No		
		Other (If Yes, explain)	Yes No
Depression	Yes No		
Developmental delay	Yes No		

Student Vision and Hearing Conditions

Does your child have vision problems?	Yes No	If Yes, are glasses/contacts worn for reading at close range?	Yes No
		If Yes, are glasses/contacts worn for distance vision?	Yes No
Does your child have hearing problems?	Yes No	If Yes, is a hearing aid worn?	Yes No
		If Yes, is preferential seating needed?	Yes No

Student Emergency Steps

Could your child's health condition warrant special EMERGENCY steps that their bus operator should be aware of?	Yes No
If Yes, please explain	

Student Medications (List medications student is taking.)

For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No
For what condition?	Name of medication	Does this medication need to be given at school?
		Yes No

I voluntarily provide this health information to my child's school and understand that it is confidential and is only shared with staff on a need-to-know basis.

_____
Parent/Guardian Signature *Date*