



Student Health Information

FOR OFFICE USE ONLY	
Student ID# _____	
School: _____	
<input type="checkbox"/> Compliant immunization record in Synergy	
<input type="checkbox"/> McKinney Vento	<input type="checkbox"/> Non-compliant immunization(s)
5 CALENDAR DAYS TO BE COMPLIANT	CANNOT START SCHOOL UNTIL COMPLIANT

Legal Last Name: _____

First Name: _____ Middle Name: _____ Grade: _____

Does the student have medical insurance? NO YES

Name of Insurance Company: _____

Is the student presently taking medication? NO YES (Specify) _____

If yes, will medication need to be administered at school? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student wear glasses? NO YES Does the student wear contact lenses? NO YES

Does the student require a special diet due to a life-threatening food allergy? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have a disability that requires a special diet? NO YES
(If yes, see Health Office for procedures and forms.)

Does the student have problems with hearing? NO YES If yes, does student use hearing aids? NO YES

Check conditions that apply to your child and explain below:

- | | |
|---|---|
| <input type="checkbox"/> ADD/ADHD | <input type="checkbox"/> Food Allergy |
| <input type="checkbox"/> Allergies | <input type="checkbox"/> Nose or Throat conditions |
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Vision/Eye condition |
| <input type="checkbox"/> Chronic headaches | <input type="checkbox"/> Heart condition |
| <input type="checkbox"/> Seizure/Convulsive disorders | <input type="checkbox"/> Kidney/Urinary tract condition |
| <input type="checkbox"/> Stomach/Digestive condition | <input type="checkbox"/> Hearing/Ear condition |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Other, (specify) _____ |

Please explain conditions marked above: _____

Please list other medical/health conditions that might limit the student's activities at school.

In case of accident or illness, I request that the school contact me. If the school is unable to reach me, or any of the emergency contacts that I have provided, the school may make whatever arrangements are necessary.
Depending on the situation, the parent/guardian of the student, not the school, may be responsible for expenses incurred.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____