



# New Student Health Information Form

Today's Date: \_\_\_\_\_

STUDENT Legal Last Name	Legal First Name	Legal Middle Name	BIRTHDATE	GRADE

**1. Does your child have:**

	No	Yes - in last year	Yes – more than 1 year ago	Approximate Diagnosis Date	Condition was...	Mild	Moderate	Severe
Allergies					...			
Asthma					...			
Diabetes					...			
Heart Problem					...			
Seizures					...			
Anaphylactic Reaction					...			
Other: _____								

**2. Does your child have:**

- no  yes Vision problems? Date of last eye exam: \_\_\_\_\_  
 Glasses?  Contact lenses? [  Distance  Reading  At all times ]
- no  yes Hearing problems? Date of last hearing exam: \_\_\_\_\_  
 Hearing aids?
- no  yes Frequent ear infections?  
Date of last infection: \_\_\_\_\_ Treatment provided?  no  yes
- no  yes Other diagnosed condition \_\_\_\_\_

**3. Please check if your child has ever been diagnosed as having:**

- no  yes Learning Disabilities
- no  yes Speech/Language Delays
- no  yes Developmental Delay
- no  yes Social, emotional, or behavior problems affecting school performance
- no  yes Inattention
- no  yes Attention Deficit Disorder (ADD)
- no  yes Hyperactivity / impulsivity
- no  yes Physical Problems
- no  yes Other medical condition \_\_\_\_\_

For any box marked "yes," please provide date of diagnosis and a brief explanation:

4. Does this child take medication of any kind?  no  yes

Please identify:

5. Will your child require medication at school?  no  yes

Please identify:

6. Will your child require an EpiPen at school for severe allergic reactions?  no  yes \*

\* **Please Note:** Before any prescription or nonprescription medication may be dispensed at school, an "Authorization to Administer Medication" form must be filled out and signed by the parent/guardian and licensed healthcare provider. This form is required annually and is available in the school office.

7. Has this child had any serious accidents or injuries?  no  yes

Please identify:

I authorize / request the above information be shared with district staff overseeing the care of my child.

Legal Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_