

STUDENT HEALTH INFORMATION

Dear Parents/Guardians,

Please take a moment to review and update your students' health information. Please make corrections on the lines provided and **return to school by Friday, September 10, 2021.**

STUDENT NAME:	GRADE:
PHYSICIAN NAME:	PHYSICIAN PHONE NUMBER:
Does your child have health insurance coverage or Medicaid? (circle one) YES NO	
NAME OF HEALTH CARE PROVIDER:	
ALLERGIES:	
MEDICATION TAKEN AT HOME:	
MEDICATION TAKEN AT SCHOOL:	
RECENT OPERATIONS:	
MEDICAL CONDITIONS OR RECENT ILLNESSES:	
DISABILITIES:	
RECENT IMMUNIZATIONS:	

** Written permission is required by Physicians and Parent/Guardian's for any medication (including non-prescription medication) to be given at school. Medication must be transported to and from school by a parent or guardian ONLY.**