

FLOSSMOOR SCHOOL DISTRICT 161
Annual Student Health Information - 2010-2011

Reviewed by: _____

School: _____ Grade in 2010-2011: _____

Student's Name: _____ Birthdate: _____

Address: _____ Home Phone: _____

Name of Parent(s)/Guardian(s) Student Lives With: _____

Father: _____
Name Day Phone Cell Phone/Pager Number

Mother: _____
Name Day Phone Cell Phone/Pager Number

Emergency Contact: _____ Phone: _____
Name Relationship

(Available during school hours to pick up your child in case of an illness or emergency if we are unable to reach parent/guardian.)

Doctor's Name: _____ Phone: _____

Dentist's Name: _____ Phone: _____

In order to provide continuity of health care, please update the following health information. If your child has a serious medical condition, please contact the Health Coordinator at your child's school.

A. MEDICAL HISTORY: Check the following health concerns that apply and describe under the comment section.

_____ ADHD	_____ Emotional concerns	_____ Musculoskeletal disorder
_____ Allergies	_____ Epi-Pen	_____ Neurological concern
_____ Arthritis	_____ Head Injury	_____ Orthopedic concern
_____ Asthma	_____ Headaches	_____ Seizures/Epilepsy
_____ Cardiac Condition	_____ Hearing Loss	_____ Toileting concerns
_____ Cerebral Palsy	_____ Kidney/urinary concerns	_____ Vision concerns
_____ Diabetes	_____ Other: _____	(Please explain)

Comments: _____

Please contact the Health Coordinator in your child's school if you would like to discuss any of the above health concerns.

B. ALLERGIES: List all allergies that your child has and the treatment.

Allergy: _____ Treatment: _____

Allergy: _____ Treatment: _____

C. MEDICATION: List all prescription, over-the-counter, and herbal medication.

Name	Used to treat
1) _____	_____
2) _____	_____

D. List any injuries, hospitalizations, or surgeries. Give student's age and reason:

E. Does your student wear glasses or contact lens? Yes No

If so, date of last eye exam: _____

Information may be shared with appropriate personnel for health and educational purposes.

Parent Name (Please print)

Parent Signature

Date

