

**\*\* PLEASE COMPLETE ONE FORM FOR EACH STUDENT AND RETURN TO THE STUDENT'S BUILDING.**

### HEALTH INFORMATION RECORD

In order to ensure the highest level of safety for all students attending Meridian CUSD #223, it is necessary to complete/update the following form each year and return it with all other 2009-2010 registration materials.

**STUDENT NAME** \_\_\_\_\_ **GRADE** \_\_\_\_\_

Does your child have allergies? What are they? How do you treat them?

\_\_\_\_\_

Does your child have a history of hearing problems or ear infections? \_\_\_\_\_

Does your child wear glasses or have vision problems? \_\_\_\_\_

Medications given at home and why prescribed: \_\_\_\_\_

Medications to be given at school and why prescribed? (Medications: prescription or over-the-counter require written permission from physician along with a parent signature.)

\_\_\_\_\_

Does your child have any of the following? Please check all that apply. Please explain items checked:

\_\_\_ Asthma \_\_\_\_\_

\_\_\_ Diabetes \_\_\_\_\_

\_\_\_ Seizures/Epilepsy \_\_\_\_\_

\_\_\_ ADD/ADHD \_\_\_\_\_

\_\_\_ Bone/joint problems \_\_\_\_\_

\_\_\_ Heart problems \_\_\_\_\_

\_\_\_ Skin condition \_\_\_\_\_

\_\_\_ Blood disorder \_\_\_\_\_

\_\_\_ Developmental delay \_\_\_\_\_

\_\_\_ Birth defect \_\_\_\_\_

\_\_\_ Speech problems \_\_\_\_\_

\_\_\_ Any other chronic medical condition (e.g. cerebral palsy, crohns, arthritis) \_\_\_\_\_

\_\_\_\_\_

Has your child had any serious accidents? \_\_\_\_\_

Has your child ever been hospitalized? Why? When? \_\_\_\_\_

\_\_\_\_\_

Has your child ever had surgery? Explain \_\_\_\_\_

Any other health concerns or restrictions: \_\_\_\_\_

\_\_\_\_\_

**I give permission to share this health information with school personnel who work with my child.**

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date