

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 2016-2017 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