

Student Name: _____ **Grade:** _____

2023-24 Health Information

ACCIDENT/SERIOUS ILLNESS:

In case of an accident or serious illness, I request that the school contact me. If the school is unable to reach me, I hereby authorize the school to call the physician indicated below and to follow his/her instructions. If it is impossible to contact the physician, the school may make whatever arrangements seem necessary.

Physician's Name _____ Phone _____

Remarks: _____

Parent Signature _____ Date _____

MEDICAL ALERTS

Circle all that apply and explain:

Allergy- Environmental

Allergy-Food

Allergy- Medication

Allergy-Other

Asthma

Bee Stings

Cancer

Color Blindness

Cystic Fibrosis

Diabetes-Type I/Type II

Other _____

Explanations: _____

Eating Disorder

Gastrointestinal- Crohns/IBS/other

Migraines

Hearing Impairment

Neurological-Seizure D/O

Psychological: ADD ADHD Anxiety Behavioral Bipolar Depression OCD

Vision Impairment

Does your child have, or have they had in the past:

504 IEP IHP

Additional Information: _____

Initial next to current year to confirm review of this information for your child:

_____ 23-24, _____ 24-25, _____ 25-26, _____ 26-27, _____ 27-28, _____ 28-29, _____ 29-30, _____ 30-31, _____ 31-32