

### Student Health Information

To the Parent / Guardian: Please fill in the following information on your child.

Name of Student \_\_\_\_\_ Birth Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Parent \_\_\_\_\_

**Health Problems** (Only those current & relevant to school)

None

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Limitations For Physical Education** (Only those current & relevant to school)

None

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Medication / Treatment At School** (Only those current & relevant to school)

None

1. \_\_\_\_\_

2. \_\_\_\_\_

The above information is correct. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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School \_\_\_\_\_ Grade \_\_\_\_\_ School Year \_\_\_\_\_

Home Phone # \_\_\_\_\_ Work Phone # \_\_\_\_\_

Name of Parent \_\_\_\_\_

**Health Problems** (Only those current & relevant to school)

None

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Limitations For Physical Education** (Only those current & relevant to school)

None

1. \_\_\_\_\_ 3. \_\_\_\_\_

2. \_\_\_\_\_ 4. \_\_\_\_\_

**Medication / Treatment At School** (Only those current & relevant to school)

None

1. \_\_\_\_\_

2. \_\_\_\_\_

The above information is correct. Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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