



# CONFIDENTIAL

Student: \_\_\_\_\_

Grade: \_\_\_\_\_

Birthdate: \_\_\_/\_\_\_/\_\_\_

## Student's Health Conditions

If your child has a health condition which should be brought to the attention of school personnel, it is your responsibility to inform the school (e.g., allergies, medication(s), vision, hearing problems, or activity restrictions). It is our policy to share this information with school personnel.  I do not want this information shared with teachers.

NONE

ALLERGIES	
ASTHMA	
SEIZURES	
VISION	
HEARING	
CHRONIC HEALTH PROBLEM(S)	
RELEVANT HEALTH HISTORY	
OTHER	

\_\_\_\_\_  
*Signature of Parent/Guardian*

\_\_\_\_\_  
*Date*