



# STUDENT HEALTH INFORMATION

Parent's Name (first and last): \_\_\_\_\_

**Medication Information:** Please list any medications your child(ren) takes on a daily basis at home or school. This is needed in case emergency treatment is necessary.

<u>Student Name:</u>	<u>Grade</u>	<u>Medications</u>	<u>Dosage</u>	<u>Purpose</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**Food Allergy Disclosure:** Please indicate below if your child has a food allergy.

<u>Student Name:</u>	<u>Food Name</u>	<u>Severity of Reaction</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**Medical Concerns:** Please list below any additional medical concerns we should be aware of regarding your child(ren):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

My child(ren) named above have my permission to receive non-aspirin or other pain reliever from the office \_\_\_\_\_

(Parent's Initial)

\_\_\_\_\_  
Parent's signature

\_\_\_\_\_  
Date