

**East Alton Community District 13**  
**Student Health Conditions**

**Student's Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Birth Date:** \_\_\_\_\_  
**Address:** \_\_\_\_\_

In order to improve the care of your child during school hours, we would like to be aware of any medical condition your child may have. Please answer the following questions concerning his/her health and return this form to the school office.

**Does your child have any of the following conditions? (Please circle Y or N)**

Y N Daily Medication (please list type and dosage)  
\_\_\_\_\_

Y N Asthma  
○ Inhaler \_\_\_\_\_  
○ Dosage \_\_\_\_\_  
○ Does exercise, colds or allergies trigger the asthma? \_\_\_\_\_

Y N Diabetes: Type I      Type II  
\_\_\_\_\_

Y N Serious injury, illness, or blood disorder, surgery or recent hospitalization  
\_\_\_\_\_

Y N Bone/Joint Problems Seizures \_\_\_\_\_

Y N Ear/Hearing Concerns) \_\_\_\_\_

Y N Eyeglasses, contacts, or other eye/vision concerns \_\_\_\_\_  
○ Date of last eye exam \_\_\_\_\_

Y N Diagnosed allergies  
○ Medication Allergies \_\_\_\_\_  
○ Food Allergies \_\_\_\_\_  
○ Bee or Wasp Sting causing hives, flushed skin, itching, puffy face or eyelids that requires emergency care ordered by a physician  
\_\_\_\_\_

○ EPI PEN  
○ Other types of allergies that require emergency care  
\_\_\_\_\_

Y N Specific Diagnosed Disability \_\_\_\_\_

Y N Any other health concerns \_\_\_\_\_

Y N Special Instructions/Devices/Needs \_\_\_\_\_

**To discuss specific medical conditions relating to your child please call our district school nurse, Crystal Clark BSN CSN at 779-5584.**

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

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

*\* Your signature implies consent for the above information to be shared with any East Alton District 13 faculty and staff that may have contact with your child.*