

East Alton Community District 13
Student Health Conditions

Student's Name: _____ **Grade:** _____ **Birth Date:** _____

Address: _____

Please use the list below to identify your child's health conditions. (Please check the applicable boxes and use the space provided to write an explanation of medical conditions)

- Daily Medication (please list type and dosage)

- Asthma
 - Inhaler _____
 - Dosage _____
 - Does exercise, colds or allergies trigger the asthma? _____
- Diabetes _____ Insulin Dosage and Time _____
- Serious injury, illness, or blood disorder, surgery or recent hospitalization

- Bone/Joint Problems _____
- Seizures _____
- Ear/Hearing Concerns) _____
- Eyeglasses, contacts, or other eye/vision concerns _____
 - Date of last eye exam _____
- 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

 - Other types of allergies that require emergency care

- Specific Diagnosed Disability _____
- Any other health concerns

- Would like our school nurse to contact you to discuss specific medical conditions relating to your child? _____
- Special Instructions/Devices/Needs

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.*