

## Student Health and Medical History

### Student Information

Last (Legal) Name \_\_\_\_\_ First (Legal) Name \_\_\_\_\_ Middle Initial (Legal) \_\_\_\_\_

Birth date (Month/Day/Year) \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Gender: M \_\_\_\_\_ F \_\_\_\_\_

### Medical Information

Physical Handicap  Hearing Impairment  Vision Impairment  Asthma  Convulsive Disorder

Is your child allergic to any food or substances? If yes, please name foods or substances to be avoided \_\_\_\_\_

\_\_\_\_\_

Please explain procedure if reaction occurs: \_\_\_\_\_

\_\_\_\_\_

Is your child taking any medication?  Yes  No If yes, name the medication(s) and for what condition(s):

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Medication \_\_\_\_\_ Condition \_\_\_\_\_

Does student have a hearing problem? NO  YES  If yes, please specify \_\_\_\_\_

Does student have a vision problem? NO  YES  If yes, please specify \_\_\_\_\_

Does student have a speech problem? NO  YES  If yes, please specify \_\_\_\_\_

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

\_\_\_\_\_

Additional comments/other special instructions:

\_\_\_\_\_

I give my consent for my child to carry its own his/her own inhaler/Epipen?  Yes  No

I hereby request and give my consent for the person designated by the principal to administer Tylenol – (non-aspirin) Acetaminophen to my child.  Yes  No

***I understand that all previous information contained on this form is complete and accurate to the best of my/our knowledge: and that I/we understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Sun Valley Charter School.***

Parent/Guardian Signature \_\_\_\_\_ Date: \_\_\_\_\_