

School District 3 Health Survey

To provide the best care possible to your child, the district asks that you please complete this form. Please call the district nurse at 847-462-2418 if you have any concerns regarding your child's health.

Student's Name _____ Grade _____ School _____

Please check Yes/No

Comments (as specific as possible)

YES NO

___ ___ Does your child take any medications?

___ ___ Does your child take medication while at school?

Please list name, dose and time

___ ___ Food Allergies (Please specify food and reaction)

___ ___ Does your child require an EpiPen at school?

___ ___ Does your child wear glasses/contacts?

___ ___ Does your child have a history of hearing loss?

If so, please explain.

Has your child been diagnosed with any of the following:

YES/NO

___ ___ Asthma (Needs inhaler at school? Yes/No?)

___ ___ Diabetes

___ ___ Skin Condition (Eczema, hives)

___ ___ ADHD/ADD

___ ___ Bowel/Bladder problems

___ ___ Seizure Disorder

Any other conditions (Surgeries, Serious Illnesses)

I understand that the district will employ emergency medical services for my child if needed. I understand that this information will be shared with your child's teachers and other staff as deemed appropriate by the School Nurse.

Parent/Guardian Signature

Please print parent name

Date