



An Innovative District Modeling Educational Excellence

NEW STUDENT  
HEALTH CARE SUMMARY

Child's Name: \_\_\_\_\_ Birthdate: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_

Does this child have any allergies that require the use of an epi-pen? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Does your child have any other allergies that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

Is a modified diet necessary: Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Does your child have asthma: Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, are you providing an inhaler for school? Yes \_\_\_\_\_ No \_\_\_\_\_

Is any condition present that may result in an emergency? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Date of last physical exam: \_\_\_\_\_

Vision: R \_\_\_\_\_ L \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Hearing: R \_\_\_\_\_ L \_\_\_\_\_

Speech: \_\_\_\_\_

Please list below any important health concerns that may require attention at school:

\_\_\_\_\_

\_\_\_\_\_

Other Information helpful to the teacher: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Health Care Provider: \_\_\_\_\_

Clinic: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Independent School District 277