



An Innovative District Delivering Educational Excellence

**NEW STUDENT HEALTH CARE SUMMARY**  
**(Grades 1 – 4)**

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 this child have any other allergies or conditions that we should be aware of? Yes \_\_\_\_\_ No \_\_\_\_\_

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

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 at 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 require attention at school:

\_\_\_\_\_  
\_\_\_\_\_

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

\_\_\_\_\_

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

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

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