Medical Information

(Please attach additional paper if necessary)

Has the student been under any medical care within the past three months? If so, explain.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Explain any treatment the student has received in the past for his/her physical, mental, or emotional health.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Does the student have any allergies?  
☐ Food  ☐ Insect sting  ☐ Plants (poison ivy, etc.)

If you have checked any of the above, please explain.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Does the student take any medication on a regular basis? If so, please list below.

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Is the student on a special diet? If so, explain.

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_________________________________________________________________________________________________________

Should the student be restricted in recreation? In what way?

_________________________________________________________________________________________________________

_________________________________________________________________________________________________________

Is there anything else we should know about your child, or any other special needs he or she may have?

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_________________________________________________________________________________________________________