

WEST NOBLE SCHOOL CORPORATION
HEALTH FORM

Student's name: _____ Grade: _____ School Year: _____
 Parent or Guardian's name: _____ Phone #: () _____
 Physician: _____ Phone #: () _____

Dear Parent,

Your child's health and safety is very important to us. We feel it is very important that each school have current information about students with severe health problems. In order to do this, we will need the following:

<u>My child has (if yes, explain):</u>	<u>Brief Explanation</u>
_____ Asthma	_____
_____ Diabetes	_____
_____ Allergies (Environmental or food)	_____
_____ Heart Disease/ Problems	_____
_____ Cancer/ Leukemia	_____
_____ Physical Disabilities	_____
_____ Hearing Loss/ Vision Impairment	_____
_____ ADD/ADHD	_____
_____ Other	_____
<u>List of Medications:</u>	<u>Name of Medications:</u>
At home	_____
During School Hours	_____
<u>My Child Has Had:</u>	<u>Year or Age of Child:</u>
Chicken Pox	_____
Broken Bones	_____
Surgery (for what)	_____
<u>Additional Information:</u>	

In order that my child may receive the best possible health care, I give permission for the information on this form to be shared with necessary school employees.

Guardian/parent signature

Date