



GRADE

Student Health and Medical History

Student Information

Last (Legal) Name _____ First (Legal) Name _____ Middle Initial (Legal) _____

Birth date (Month/Day/Year) _____/_____/_____ Gender: M _____ F _____

Medical Information

Physical Handicap Hearing Impairment Vision Impairment Asthma Convulsive Disorder

Is your child allergic to any food or substances? If yes, please name foods or substances to be avoided _____

Please explain procedure if reaction occurs: _____

Is your child taking any medication? Yes No If yes, name the medication(s) and for what condition(s):

Medication _____ Condition _____

Medication _____ Condition _____

Does student have a hearing problem? NO YES If yes, please specify _____

Does student have a vision problem? NO YES If yes, please specify _____

Does student have a speech problem? NO YES If yes, please specify _____

Is there any physical condition that we should be aware of, and what precautions or procedures should be taken?

Additional comments/other special instructions:

I give my consent for my child to carry its own his/her own inhaler/Epipen? Yes No

I hereby request and give my consent for the person designated by the principal to administer Tylenol – (non-aspirin) Acetaminophen to my child. Yes No

I understand that all previous information contained on this form is complete and accurate to the best of my/our knowledge: and that I/we understand that the omission or misrepresentation of any requested information may result in the revocation of the registration of this student at Sun Valley Charter School.

Parent/Guardian Signature _____ Date: _____