

TABERNACLE TOWNSHIP SCHOOL DISTRICT
HEALTH INFORMATION

Name of Student: _____ Grade: _____ Home Telephone #: _____

Does your child take any medication on a regular basis? Yes No
If yes, please indicate the exact name of the medication, reason it was prescribed, and by whom:

Does your child wear any corrective devices? Yes No Back Brace
 Dental Retainers/Braces Leg Brace Eye Glasses Other _____

Does your child have any hearing problems or hearing loss? Yes No

Has your child had tubes inserted into ears by a physician to alleviate fluid and ear infections?
 Yes No When? _____

Does your child have asthma? Yes No
Medication child is taking: _____ Regularly As needed

Is your child allergic to: Pollen Reaction: _____
 Insect Stings Reaction: _____
 Food Products Reaction: _____
 Medication Reaction: _____

Other: (Please indicate) _____

Does your child require medication for any of the above reactions? Yes No
If yes, indicate the exact name of the medication: _____

Is your child on a special diet? _____

Does your child have any medical condition that would limit normal school activity, including physical education and play periods? _____

Please list any operations or injuries your child has had prior to this registration:

Please list any other medical problems that we should be aware of.

Health Insurance:

Does your child have health insurance? Yes No
If yes, please indicate the name of the insurance company. _____

Emergency Information:

In the event of an accident or serious illness, everything possible will be done to contact the parents/guardians of the child. However, if they are unable to be reached, the school will then call the physician indicated below. If the physician is unreachable, the school may make whatever arrangements are necessary.

Physician's Name: _____ Phone #: _____ () _____

I give permission for release of information on this form for confidential use in meeting my child's health and educational needs in school.

Signature of Parent/Guardian

Date