



Boone Community School District
Promoting Academic and Extra-Curricular Excellence

2020-2021 Health Record

Name: _____ Date: _____ Gender: _____
 Grade: _____

Medication Taken <i>at School</i>	
Medication Taken <i>at Home</i>	

ADD/ADHD		
Allergies		Epipen Y___N___ physician consent to carry required
Asthma		Inhaler for school use? Y___N___ need physician consent
Diabetes		Contact Nurse before 1st day of school
Seizures/Neurological		
Emotional/Behavioral		
Stomach/Intestinal		
Frequent Headaches		
Hearing Concerns		Hearing aid? Y___N___ Speech Concerns? Y___N___
Glasses/Contacts		
Skin Conditions		
Urinary Complications		
Heart Condition		
Bone, Joint or Muscle		
Congenital Birth Defect		
Activity Restrictions		Require physician written recommendations
Additional Information		

Doctor Phone		Doctor	
Dentist Phone		Dentist	
Work Number		Employer	

First and Last Name	Date of signature



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