

## Student Health Information

Dear Parent/Guardian,

During this year we will be working with a variety of materials and processes in our classes. We make every effort to insure that the materials are not harmful to students, but occasionally someone has an allergy or special sensitivity to something we do not know about. It is very important that we have contact numbers for you should we need to call you. Please provide the information requested below:

1. Student's name\_\_\_\_\_ Grade\_\_\_\_\_

2. Allergies:

\_\_\_\_\_  
\_\_\_\_\_

3. Parent/guardian contact information:

\_\_\_\_\_  
\_\_\_\_\_

All medication will be dispensed through the office with the exception of rescue inhalers for asthma. **A medication authorization form must be completed by your health care provider and kept on file in the office for all prescription medication.** Please refer to your Elementary School Handbook for more information. To keep our health files current please complete the following regarding your child:

Chronic condition(s) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please return form to school office.**