

Community Consolidated Schools, District 168

21899. Torrence Avenue. Sauk Village, Illinois
(708) 758-1610. Fax: (708) 758- 5929

ANNUAL HEALTH INFORMATION FORM

Student's Name _____ Date of Birth: _____ Grade: _____
Teacher: _____ Phone: _____

School circle one: Rickover Jr. High School Strassburg School Wagoner School

Dear parent/ guardian:

In an effort to help us provide optimum health services for your child and keep your child's health record complete and up to date, we ask your cooperation in providing the following information:

1. Has your child had any serious illness, operation, or injury? Yes No
If yes, please specify. _____.
2. Does your child have any significant medical condition which we should be aware of?
3. (i.e. cerebral palsy, convulsions, epilepsy, muscular dystrophy, diabetes, ect.) Yes No
If yes, please specify. _____.
3. Does your child have any known allergies? Yes No
If yes, please note allergy and treatment. _____.
4. Does your child have asthma? If yes, please note medication, triggers, Yes No
and restrictions, if any _____.
5. Is your child allergic to insect stings? If yes, specify reaction Yes No
and treatment _____.
6. Is your child on any medications? Yes No
If yes, specify _____.
7. Does your child need medication in school? Yes No
If yes, please complete **"School medication authorization form"** and follow directions.
8. Does your child have any vision or hearing problems? Yes No
If yes, please comment _____.
9. Does your child have any other health/medical concerns not listed above? Yes No
Please, Specify. _____.
10. My child has no medical conditions concerns Yes No

Note: In the case of an emergency parents will be contacted and if needed your child will be transported to the nearest hospital for emergency care.

Parents/ Guardian's Signature

Date