

**WILL COUNTY SCHOOL DISTRICT 92
STUDENT HEALTH INFORMATION
STUDENT ALLERGY UPDATE**

To: Parent or Guardian

From: Health Office

RE: Health/Allergy Update – BOTH SIDES OF THIS FORM MUST BE UPDATED YEARLY

Student Name: _____ **Current Grade:** _____

Please list all of your child’s food allergies: _____

Is allergy ingestion, contact, or inhalation? _____

My child’s reaction is: _____

Action taken for reaction: _____

Does your child require an epi-pen? _____

Does your child need to sit at the peanut/nut free allergy table? Yes No

Medical Information (Please Print)

Doctor’s Name _____ Phone (incl. Area Code) _____

Medical Alerts: _____

Allergy Alerts: _____

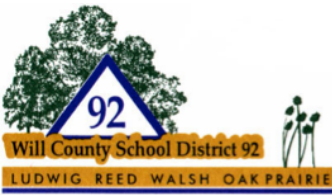
BOTH SIDES OF THIS FORM MUST BE COMPLETED AND RETURNED TO YOUR CHILD’S CURRENT SCHOOL

Thank you.

For Health Personnel only:

Date form was received from Parent or Guardian: _____

Health Personnel: _____



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Child's Name: (Please Print)	Birthdate:
School:	Grade Entering:
Parent/Guardian Name: (Please Print)	Date:

Does your child have any significant medical condition of which the School District should be aware? If yes, please specify.

Please list all medications your child is currently taking.

Does your child have any known allergies? If yes, please note any medications and/or treatments.

Is your child allergic to any insect stings? If yes, please explain reactions and treatments.

Does your child have any vision or hearing problems?

Does your child have any health/medical concerns that you would like to discuss with the nurse? If yes, how would you like us to contact you?

Does your child have any food allergies or dietary restrictions? If yes, please specify.