



WILL COUNTY SCHOOL DISTRICT 92
STUDENT HEALTH INFORMATION
STUDENT HEALTH UPDATE

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.