

Child's Full Name: _____

Immunization/Health Information (continued)

2) Please tell us about any allergies; mark all that apply:

- | | |
|---|--|
| <input type="checkbox"/> None that I know about | Is this a life threatening allergy? |
| <input type="checkbox"/> Bee sting | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Peanuts/other nuts | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> Other: _____ | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| <input type="checkbox"/> My child carries an EpiPen | |

3) Please list any medications, dietary restrictions or special needs your child may have so we can ensure a safe environment. Any medication the child may need will have to be authorized by a doctor's note and all medication will have to have the name printed on the container.

None

4) Are there any other physical, psychiatric, behavioral or emotional conditions of which we need to be aware? Mark all that apply:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> None | <input type="checkbox"/> Asthma | <input type="checkbox"/> ADD | <input type="checkbox"/> Diabetes |
| <input type="checkbox"/> Emotional issues | <input type="checkbox"/> Epilepsy/seizure | <input type="checkbox"/> Hearing impairment | <input type="checkbox"/> Asperger's/autism |
| <input type="checkbox"/> Other (please explain) _____ | | | |

I have read and understand the above procedures. I certify the above information to be true and correct to the best of my knowledge and I take responsibility for my child's compliance with the appropriate student behavior. I understand that disruptive and inappropriate behavior may result in dismissal.

Please printout and sign before faxing, scanning or mailing.

Parent/Guardian Signature: _____ Date: _____