

Skokie School District 68
Medical History Update 2011-12
 (To be completed by Parent/Guardian)

Student's Name: _____ **Birth Date:** _____
 (Please Print)

Grade: _____ **School:** _____

Please complete the following checklist and give details below (attach any additional pertinent information):

Does your child have any past or present medical conditions (including allergic reactions) that might need special attention by school personnel? Yes No

If "Yes" please mark and describe below:

| | YES | NO | | YES | NO |
|----------------------------------|-----|----|--|-----|----|
| Allergies/Hay Fever (list below) | | | Heart Condition/Murmur | | |
| ADHD/ADD | | | Medication Reaction/Allergy (list below) | | |
| Asthma (give details below) | | | Orthopedic/Bone/Joints | | |
| Convulsions | | | Psychological/Psychiatric Treatment | | |
| Diabetes | | | Surgery | | |
| Epilepsy (Seizures) | | | Speech | | |
| Headaches (i.e., migraines) | | | | | |

Please give details and dates to any of the above marked YES. Please list ALL allergies.

Is the student currently under any kind of medical care or treatment? Yes No

If "Yes", please describe care or treatment: _____

Is your child enrolled in **Medicaid**? Yes No

If "Yes", please enter the number _____

Is the student taking any medications on a *regular* basis (prescription or non-prescription)? Yes No

List medication(s), dose, times and reasons for taking: _____

If your child must take any prescription medication in school, you must provide the Health Clerk with the appropriate release form and physician's instruction.

Is there any other information that you feel is helpful for us to know?

Parent/Guardian Signature _____ **Date** _____