

# 508.04E1 Student Health Information Form

Friday, August 11, 2023

## STUDENT HEALTH INFORMATION

STUDENT NAME: \_\_\_\_\_

GRADE: \_\_\_\_\_

AGE: \_\_\_\_\_

If student is on any routine medications please list:

\_\_\_\_\_  
\_\_\_\_\_ Do we need to give it at school?  
\_\_\_\_\_

ALLERGIES:

\_\_\_\_\_  
\_\_\_\_\_

ANY CHRONIC HEALTH PROBLEMS SUCH AS EYESIGHT, HEARING, ASTHMA,  
DIABETES, ETC:

\_\_\_\_\_  
\_\_\_\_\_

NAME and PHONE # TO CONTACT IN EMERGENCY, IF PARENT CANNOT BE REACHED:

\_\_\_\_\_

I hereby grant permission for Banner County School Personnel to dispense non-prescription medication when deemed necessary for the well-being of above named child. I grant permission for information regarding allergies, asthma, etc., to be given to teachers. I grant permission in the event that an illness or accident might occur when a parent is not available, for the school to secure medical attention. Any exceptions to this permission? \_\_\_\_\_

\_\_\_\_\_

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PARENT'S or GUARDIAN'S SIGNATURE

THANK YOU FOR YOUR HELP!