

**Bettendorf Community School District
Student Health Information 2017-2018
Homeschool Form**

CONFIDENTIAL

Complete one health information form for each child. Please PRINT clearly. Return with registration.

Student Name: _____

Birthdate: _____

Gender: _____

Grade: _____

School: _____

Doctor Name

Doctor's Phone

Does the student. . . Circle one Comments

| | | |
|--|----------|--|
| Have health conditions such as Attention Deficit Disorder, asthma, seizure disorder, etc.? | Yes No | Condition: What treatment at school? |
| Receive any medication at home or school? | Yes No | Medication at home: What medication at school? |
| Have any allergies to bee stings, food, medications etc.? | Yes No | Allergies: What treatment at school? |
| Have a history of ear problems or hearing loss? | Yes No | Specify hearing concern: |
| Wear glasses/contacts? | Yes No | Glasses Contacts |
| Illness, surgeries, accidents or family events that could affect student in school? | Yes No | Type & Date: |

Other Medical Issues _____

I understand the information in this document may be shared with the personnel that provide educational services to my child.



Signature of Parent/Guardian

Date