

**Bettendorf Community School District
Student Health Information 2019-2020
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