

**Bettendorf Community School District  
Student Health Information 2018-2019  
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:<br><b>What treatment at school?</b>           |
| Receive any medication at home or school?  | Yes   No | Medication at home:<br><b>What medication at school?</b> |
| Have any allergies to bee stings, food, medications etc.?                                  | Yes   No | Allergies:<br><b>What treatment at school?</b>           |
| 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