

**Bettendorf Community School District  
Student Health Information 2021-2022  
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: <b>What treatment at school?</b>
Receive any medication at home or school?	Yes   No	Medication at home: <b>What medication at school?</b>
Have any allergies to bee stings, food, medications etc.?	Yes   No	Allergies: <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