

**Bettendorf Community School District  
Student Health Information 2022-2023  
Homeschool Form**

**CONFIDENTIAL**

Information form for each child. Please PRINT clearly. Return with re

**Student Name:**

**Birthdate:**

**Gender:**

**Grade:**

**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