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| 5. | Is your child under medical care now for a health problem?
If so, what is the health problem _____ | Yes | No |
| 6. | Is your child taking medication(s) at this time?
Name of medication(s) _____
Reason(s) _____ | Yes | No |
| 7. | Does your child need to take medication at school?
<i>If "yes", a school medication order form must be kept on file at school.</i> | Yes | No |
| 8. | Is your child allergic to any food, medications, insect bites, etc?
Describe allergic reaction _____ | Yes | No |
| 9. | Does your child need a special diet?
If so, what type? _____ | Yes | No |
| 10. | Is there a family history of physical or emotional illness that might affect your child?
<i>If "yes", please give information on back of this form.</i> | Yes | No |
| 11. | Is your child covered by health insurance? | Yes | No |

Name of Physician _____ Phone _____

Name of Dentist _____ Phone _____

All physician orders for any medical conditions must be submitted by June 1st of the enrolling year.

Signature of Parent/Guardian _____ Date _____