

Manteno CUSD #5 Health Survey

Student Name _____ Grade _____ School _____

Please check YES or NO

Comments:

Yes No

____ Does your child take any medications at home? Please list _____

____ Will your child need to take medication while at school? _____

____ Food Allergies _____

____ Other Allergies _____

____ Epi-Pen Use? _____

____ Glasses or Contacts? _____

____ History or ear problems such as infections or PE tubes? _____

Has your child's doctor diagnosed any of the following?

____ ADHD/ADD _____

____ Asthma? Exercise Induced? Seasonal?

____ My child will need an inhaler while at school _____

____ Seizures _____

____ Diabetes _____

____ Skin Conditions (eczema, hives) _____

Please list any other important health information that your child's teacher or nurse should be aware of

Parent/Guardian Signature _____ Date _____