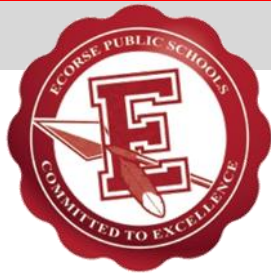


ECORSE
PUBLIC
SCHOOLS



HEALTH INFORMATION SURVEY

Please clearly print all information with black or blue ink

Student	Last Name	First Name	Gender M/F
Date of Birth		Grade School	Attending School Year

Please note any physical or personal problems for which the student might require special attention or help from school personnel (e.g., severe allergies, asthma, mental health issues, etc.).

My child's health concerns include:

- Asthma
- Diabetes
- Seizures
- Severe food allergy
- Severe stinging insect allergy
- Heart condition
- Other _____

Medications:

If your child does have a medical concern, the nurse will contact you to obtain more information as needed, to plan for the upcoming school year.

Parent/Guardian Name Parent/Guardian Signature

Date Best Contact Phone Number

Email Address

This form is not a medication authorization form. If your student will or may require medication at school, contact the school's office.

Parent/Guardian Signature

Date