

### Big Hollow School District #38

Parents: Please complete this form and return with registration papers. Include any existing medical condition(s) and medication(s) taken on a regular basis even if NOT taken at school.

STUDENT NAME \_\_\_\_\_ GRADE \_\_\_\_\_

TYPE of ILLNESS	YES	NO
Food Allergies (list all and severity)		
Asthma/Inhaler To Be Carried		
Convulsions/Seizures		
Diabetes		
Dizziness		
Epilepsy		
Migraines		
Ulcer/GI difficulties		
Attention Deficit/Hyperactivity Disorder		
Any other illness (please explain)		
Hearing Loss		
Glasses/contacts		

Any special health problems, disabilities (including emotional) or dietary needs?    Yes    No

If YES, please explain \_\_\_\_\_