

Reviewed by: _____ Date: _____

Reviewed by: _____ Date: _____

Please CHECK and complete additional information if child has had any of the following medical conditions:	Describe condition or symptoms:	What special care, if any, does child need at school?
ADD/ADHD (Attention Deficit [Hyperactivity] Disorder)		
Bleeding Condition (i.e. hemophilia or sickle cell)		
Bone/Orthopedic Condition		
Dental Concern		
Ear Problem		
Eye Problem		
Headaches (frequent) or Migraines		
Kidney/Bladder/Bowel Condition		
Muscle Condition		
Nose Bleeds (frequent)		
Speech Difficulties		
Stomach Condition		
Other		

No Medical Problems

Your time is appreciated...Thank you for taking the time to complete this form.