

Please CHECK and complete additional information if child has had any of the following medical problems/conditions:	Describe problem or symptoms:	What special care, if any, does child need at school?
Bleeding disorder (hemophilia)		
Bone disorder/problem		
Dental concerns		
Diabetes		
Ear problems		
Eye problems		
Headaches (frequent) or migraines		
Heart/cardiac problem		
Muscle disorder		
Nose bleeds (frequent)		
Seizures/convulsions/epilepsy		
Speech difficulties		
Stomach problems		
Other		

No Medical Problems

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