

MIDDLEBURY COMMUNITY SCHOOLS  
57853 Northridge Drive  
Middlebury, Indiana 46540

H-9

SPECIAL HEALTH CONDITION FORM

School Year \_\_\_\_\_

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mother's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Father's Cell: \_\_\_\_\_ Work: \_\_\_\_\_

Address: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Telephone: \_\_\_\_\_

Dear Parent,

Your child's health and safety is very important to us. We feel it is very important that each school have current information about students with health problems. In order to do this, we will need the following information:

1. MY CHILD HAS:	BRIEF EXPLANATION:
ASTHMA Inhaler or Nebulizer	_____
DIABETES Is there a family history of diabetes?	_____
SEIZURES Last one, triggers?	_____
ALLERGIES (include foods, bee stings, Medicines, etc.) Was an Epi-Pen prescribed?	_____
HEART DISEASE/PROBLEMS	_____
CANCER/LEUKEMIA	_____
PHYSICAL DISABILITIES	_____
OTHER	_____
_____	_____
_____	_____

2. DOES YOUR CHILD TAKE MEDICATION REGULARLY?	LIST:
Home	_____
During School Hours	_____

3. MY CHILD HAS HAD: DATE AND BRIEF EXPLANATION:  
CHICKENPOX  
BROKEN BONES  
SURGERY

4. PLEASE SHARE ANY ADDITIONAL INFORMATION YOU FEEL WE SHOULD KNOW ABOUT YOUR CHILD:

5. DID YOUR CHILD HAVE ANY IMMUNIZATIONS OVER THE SUMMER? \_\_\_\_\_  
LIST: \_\_\_\_\_

6. Many qualified school employees work with your child. We feel it is very important that all school employees, including bus drivers, cooks, substitute teachers etc., know when students have special health concerns that need immediate attention. Please assist us in meeting your child's needs by signing below.

In order that my child may receive the best possible health care, I give permission for the information on this form to be shared with necessary school employees.

\_\_\_\_\_  
Parent's Signature

\_\_\_\_\_  
Date