

COMMUNITY CONSOLIDATED SCHOOL DISTRICT 62
777 Algonquin Road
Des Plaines IL 60016
847-824-1136

CONFIDENTIAL HEALTH FORM

Health is an integral part of the child's ability to learn well. In order to help the student to benefit most from his/her experience, the school personnel need to be informed about your child's physical condition.

Child Name _____ **Grade** _____

Does your child have a current IEP (special education)? Yes _____ No _____

Is your child presently under the care of a physician or medical specialist of any kind?
Yes _____ No _____

If the answer is yes, please state the condition for which the child is being observed or treated.

Is your child presently taking any prescribed medication? Yes _____ No _____

If the answer is yes, name of medication _____

Does your child have any allergies? Yes _____ No _____

If the answer is yes, please list them _____

Is your child under treatment for a hearing problem or have a known hearing loss?

Yes _____ No _____

Is your child presently wearing glasses or under treatment for a vision problem?

Yes _____ No _____

Is your child's activity here at school to be restricted or limited in any way?

Yes _____ No _____

If the answer is yes, please state specific limitations and the reason for these limitations.

If the answer is no, regarding restrictions or limitations, it is then assumed that your child can participate in the regular school program, which includes physical education classes, and outdoor activities on the school grounds.

PARENT/GUARDIAN SIGNATURE _____ **DATE** _____

PLEASE NOTE: It is the parent or guardian responsibility to keep the school personnel informed regarding changes in the health status of their child.