LaSalle Elementary School District 122
Health Information

This information is shared with 911 providers in case of emergency.

Grade Level: ☐ Pre-K ☐ K ☐ 1st ☐ 2nd ☐ 3rd ☐ 4th ☐ 5th ☐ 6th ☐ 7th ☐ 8th

Student Name: ____________________

Street Address: ____________________

Home Phone: __________ Work Phone: __________ Cell Phone: __________

Birth Date: __________ Gender: ☐ Male ☐ Female Family Doctor: __________

Please check any of the following that apply to this student:

		Comments/Explanation
Asthma	☐ Yes ☐ No	Asthma Triggers:
If yes, is an inhaler needed at school?	☐ Yes ☐ No	
Medication Allergies	☐ Yes ☐ No	Reaction:
Food Allergies	☐ Yes ☐ No	Reaction:
Seasonal Allergies	☐ Yes ☐ No	
Birth Defects	☐ Yes ☐ No	
Blood Disorder	☐ Yes ☐ No	
Bone/Joint Problems	☐ Yes ☐ No	
Diabetes	☐ Yes ☐ No	
Ear/Hearing Problems	☐ Yes ☐ No	Hearing Aids: ☐ Left Ear ☐ Right Ear
Eye Problems/Glasses	☐ Yes ☐ No	If yes, please check: ☐ Constant Wear ☐ Reading ☐ Distance
Heart/Lung Problems	☐ Yes ☐ No	
Seizures	☐ Yes ☐ No	If yes, please check: ☐ Grand Mal ☐ Petit Mal ☐ Febril Date of Last Seizure:
Serious Injury	☐ Yes ☐ No	
Hospitalization	☐ Yes ☐ No	Date: ______________ Reason:
Surgery	☐ Yes ☐ No	Date: ______________ Reason:
Other Health Concerns	☐ Yes ☐ No	

Medications: Please list all medications your child takes regularly at home or school

Medication	Purpose	Frequency	Dosage

I, the parent/legal guardian of the above named student, hereby give consent for LaSalle Elementary School District 122 to exchange (release/receive) confidential health information with my child's healthcare provider(s) and the ICARE Immunization Registry. This consent shall expire 1 year from the date signed.

Parent/Guardian Signature: ____________________ Date: __________