

DeKalb County Eastern Community School District

300 East Washington Street

Butler, Indiana 46721

(260) 868-2186

THIS FORM IS TO BE FILLED OUT BY A PARENT OR LEGAL GUARDIAN, AND THE FORM IS TO BE RETURNED TO THE APPROPRIATE SCHOOL.

Child's Name _____ Birthdate _____
Parent/Guardian _____ Telephone _____
Address _____
Family Doctor _____ Phone _____
Family Doctor Address _____

DISEASE HISTORY

Has your child had any of the following diseases? If so, give dates.

_____ Seasonal allergies	_____ Asthma
_____ Infectious Mononucleosis	_____ Chicken Pox
_____ Pneumonia	_____ Diabetes
_____ Rheumatic Fever	_____ Ear Infections
_____ Hay Fever	_____ Scarlet Fever
_____ Hepatitis	_____ Tonsillitis
_____ Epilepsy	_____ ADD/ADHD
_____ Psychiatric Illness	_____ Other (please specify)

SURGICAL HISTORY

Please list any surgeries that have been performed on your child, including dates.

MEDICATION LIST

Please list any medications that your child is currently taking. Include name, dosage, and frequency.

ALLERGIES

Please list any allergies your child has to food or medications and the type of reaction he/she developed.

Are there any special considerations that we need to be aware of? Yes No
If yes, please explain:

Is your child allergic to bee stings requiring immediate attention? Yes No

OTHER:

I give permission for the school nurse to share this information with necessary staff.

(Parent/Guardian Signature)

(Date)