

WOODLAND ELEMENTARY HEALTH INFORMATION

Student Name: _____

Homeroom Teacher: _____

Please list any important medical history:

Please list any chronic medical conditions such as asthma or diabetes:

Give the name of child's regular doctor _____ and telephone number _____

Is your child taking medication on a regular basis? _____ Yes _____ No

Explain:

Are there limitations to diet or exercise? _____ Yes _____ No

Explain:

List allergies:

Emergency Contact Numbers:

Name	Relationship to child	Telephone
_____	_____	_____
_____	_____	_____
_____	_____	_____