

Health Information

1. Student Name _____ Grade _____
Medical Conditions: ___None ___Asthma ___Diabetes ___Seizures
___Heart Problems ___Other Illness
Explain:

Allergies ___None List _____
Medications ___ List _____

2. Student Name _____ Grade _____
Medical Conditions: ___None ___Asthma ___Diabetes ___Seizures
___Heart Problems ___Other Illness
Explain:

Allergies ___None List _____
Medications ___ List _____

3. Student Name _____ Grade _____
Medical Conditions: ___None ___Asthma ___Diabetes ___Seizures
___Heart Problems ___Other Illness
Explain:

Allergies ___None List _____
Medications ___ List _____

4. Student Name _____ Grade _____
Medical Conditions: ___None ___Asthma ___Diabetes ___Seizures
___Heart Problems ___Other Illness
Explain:

Allergies ___None List _____
Medications ___ List _____

5. Student Name _____ Grade _____
Medical Conditions: ___None ___Asthma ___Diabetes ___Seizures
___Heart Problems ___Other Illness
Explain:

Allergies ___None List _____
Medications ___ List _____