

(All Students)

## Burr Ridge Community Consolidated School District 180 Health Questionnaire

In an effort to keep your child's health record complete and current, we ask that you complete the following information concerning your child. Please return to school with the registration materials.

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_  
(Last) (First)

Does your child have any special handicap or health condition? Yes \_\_\_ No \_\_\_  
If yes, please specify \_\_\_\_\_

Has your child had any serious illnesses, injury, or operation? Yes \_\_\_ No \_\_\_  
If yes, please specify \_\_\_\_\_

Has your child ever lost consciousness or had a concussion? Yes \_\_\_ No \_\_\_  
If yes, please specify \_\_\_\_\_

Does your child have asthma? Yes \_\_\_ No \_\_\_  
If yes, please note any medication or restrictions. \_\_\_\_\_

Does your child have any known allergies? Yes \_\_\_ No \_\_\_  
If yes, please specify what they are and the severity. \_\_\_\_\_

Is your child allergic to insect stings? Yes \_\_\_ No \_\_\_  
If yes, please specify \_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Does your child wear contacts? \_\_\_\_\_ Yes \_\_\_ No \_\_\_

Does your child require any special equipment or prosthetic devices, such as hearing aid, wheelchair, artificial limb etc?  
Yes \_\_\_ No \_\_\_  
If yes, please specify. \_\_\_\_\_

Are there any special provisions being taken for your child, such as limited activity etc. ?  
If yes, please specify. Yes \_\_\_ No \_\_\_  
\_\_\_\_\_

Does your child take any medication? Yes \_\_\_ No \_\_\_  
If yes, please specify. \_\_\_\_\_

Is there anything else concerning your child's health that the teacher or nurse should know?  
If yes, please specify. Yes \_\_\_ No \_\_\_

I/We, \_\_\_\_\_, **give \_\_\_/do not give \_\_\_**, our permission to the school nurse and/or health aide to share the above information with the appropriate faculty and staff of Burr Ridge Community Consolidated School District 180 as necessary to meet our child's health and educational needs.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_