

**SEYMOUR COMMUNITY SCHOOL DISTRICT**

**SCHOOL ENTRANCE HEALTH FORM**

(to be completed by parent/guardian)

4K     5K    **(check one box for the grade your child will be attending)**

Child's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Family Physician: \_\_\_\_\_ Family Dentist: \_\_\_\_\_

<b>Condition</b> <i>(if condition checked Yes, please explain in comments/concerns column)</i>	<b>Yes- √</b>	<b>Comments/Concerns</b>
Allergies (i.e. seasonal, food, insects, drugs, latex) (Epi-Pen)		
Asthma or respiratory (Inhaler)		
Attention Deficit Hyperactivity Disorder		
Behavior		
Bladder / Bowel		
Bleeding		
Cancer		
Cardiac / Heart		
Cerebral Palsy		
Cystic fibrosis		
Dental		
Developmental		
Diabetes		
ENT (ears, nose, throat)		
Head or spinal trauma		
Hearing or deafness		
Hospitalizations		
Injuries		
Muscle		
Neurological / brain		
Seizures		
Skeletal / bone		
Speech/Language		
Stomach / GI		
Surgery		

List all prescription, over-the-counter and herbal medications your child takes regularly:

\_\_\_\_\_

Please list any other information about your child that would be helpful to school personnel in working with your child.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The above information is accurate and complete and may be used by school district personnel for educational purposes of my child.

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

\_\_\_\_\_  
Date