

**Hoover-Schrum School District 157**

**Student Health Information**

**Hoover – 708-862-4230 Schrum – 708-862-4236**

Student's Name \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade \_\_\_\_\_ Parent/Guardian Name(s) \_\_\_\_\_

Phone # \_\_\_\_\_ Cell# \_\_\_\_\_

\_\_\_\_\_ I attest that my child has NO medical conditions, including allergies to certain foods, drugs, or insect stings that school personnel need to be aware of.

\_\_\_\_\_ I attest that my child HAS a medical condition and/or allergies to certain foods, drugs, or insect stings that school personnel need to be aware of. If so, complete the following:

DIAGNOSIS: \_\_\_\_\_

SYMPTOMS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

EMERGENCY ACTION THAT MAY BE REQUIRED: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

ALLERGIES: \_\_\_\_\_

MEDICATION: Name: \_\_\_\_\_ Dosage \_\_\_\_\_

Side Effects: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage \_\_\_\_\_

EMERGENCY CONTACTS IF UNABLE TO CONTACT PARENTS OR GUARDIANS:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

PARENT/GUARDIAN SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_