



Administrative Center · 602 Center Parkway · Yorkville, Illinois 60560 · 630-553-4382 · y115.org

To help meet your child's health needs in school, we are asking that you complete this survey every year. Please contact the school nurse if you have any questions. Thank you.

Name _____ Male _____ Female _____ Date of birth _____

Attending school _____ Grade _____

Please answer all the health/medical questions to the best of your knowledge:

Does/should your child wear glasses? · YES · NO

Have a history of hearing problem? · Yes · NO

Does your child wear contact lenses? · YES · NO

Does your child wear hearing aids? · YES · NO

Has your child been diagnosed with any of the following conditions?

ADHD/ADD · YES · NO

DIABETES · YES · NO

ASTHMA · YES · NO

MIGRAINES · YES · NO

HEART PROBLEMS · YES · NO

SEIZURE DISORDER · YES · NO

If yes to any of the above, please explain: _____

Will your child take any medications during the school day while at school? · YES · NO

****If YES, please list:**

Medication _____ Dose _____ How often taken _____

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Medication _____ Dose _____ How often taken _____

***Medication forms are available online or through your child's school. Medication will not be given without a completed school medication form on file at your child's school.**

Does your child have any of the following allergies? If YES, please check all items below that apply.

Bee/Insect stings? · YES · NO If YES, describe

Reactions: _____

Peanut/Nut? · YES · NO If YES, describe

Reactions: _____

Foods? · YES · NO If YES, describe

Reactions: _____

Please list any others: _____

How do you treat your child's allergy symptoms? · Epi Pen · Other _____

Is your child currently under medical care for a long term or chronic issue? · YES · NO

If yes, please explain _____

Doctor's Name _____ **Doctors Phone Number** _____

Does your child have any special needs or necessary precautions while in school? · YES · NO

If yes, please explain _____

HEALTH INFORMATION MAY BE SHARED WITH APPROPRIATE SCHOOL PERSONNEL.

Parent/Guardian Signature

Relationship to Student

Date

Primary phone number _____