

Student Health Record

Child's Name: _____ Date of Birth: _____ Age: _____

If your child has asthma, please explain what triggers the asthma, and what medication or treatment should be provided:

Please note anything to which your child is allergic, what kind of reaction occurs, and what medication or treatment should be provided:

Allergic to:	Reaction:	Medication/Treatment:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are there any differences, physical or emotional, which limit your child's participation in classroom activities, running, climbing or active play? Is there anything about your child's health, past or present, you would like to explain?

Parent/Guardian's Signature: _____ **Date:** _____