



**Visiting Student Health Form**

Student: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Primary Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Secondary Phone: \_\_\_\_\_

**Medical History:** (Please check all that apply. Provide additional information as needed.)

- Asthma
- Seizures
- Diabetes

**Additional health information we need to know for their visit:**

\_\_\_\_\_  
\_\_\_\_\_

**Allergies:** (medications, foods, insects, environmental-please be specific)

\_\_\_\_\_

Does your child have an epipen? YES\_\_\_ NO\_\_\_

Does your child have an inhaler? YES\_\_\_ NO\_\_\_

Does your child routinely take any medications? YES\_\_\_ NO\_\_\_

*If yes, please list medications and diagnosis:*

\_\_\_\_\_  
\_\_\_\_\_

**Participation in School Activities:** I authorize the above named student can fully participate in all school activities, including physical education. YES\_\_\_ NO\_\_\_

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

\_\_\_\_\_  
Date

