



Easton School District No. 28

Registration Information: Medical Information

Student Name	
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Does your child have any health condition that will prevent him/her from participating in the total school program?

yes		no	
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If yes, please specify:

Medical Conditions				Allergies			
Yes		No		Yes		No	

If yes, specify below

Medical Conditions	
<i>Please indicate any medical conditions experienced and provide additional information Which will help district staff to assist your child</i>	
	Asthma
	Convulsions
	Diabetes
	Eczema/Skin Trouble
	Frequent Ear Aches/Infections
	Frequent Headaches
	Frequent Nosebleeds
	Hearing Problem
	Heart Condition
	Kidney or Bladder Trouble
	Physical Defects
	Speech Problem
	Other (Specify)

Student Name	
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Current Medications	
Medication Name	
Medication Name	

Allergies			
	Plants	(Specify)	
	Animals	(Specify)	
	Foods	(Specify)	
	Bees	(Specify)	
	Insects	(Specify)	
	Drugs	(Specify)	
	Other	(Specify)	

Please describe the allergic reaction and treatment

List any significant illness, injuries or operations.	
Date	
Date	
Date	

Last Health Examination	
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Last Dental Examination	
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Does Student Wear eyeglass or contacts?	
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Parent or Legal Guardian Signature _____

Date _____