

**LAKE BENTON ELEMENTARY  
HEALTH FORM**

Family Doctor: \_\_\_\_\_ Phone: \_\_\_\_\_  
Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

***Other information:***

List any present medical conditions. Be specific.

\_\_\_\_\_

Does your child wear glasses? \_\_\_\_\_yes \_\_\_\_\_no

Does your child wear hearing aids? \_\_\_\_\_yes \_\_\_\_\_no

**MEDICATION POLICY:** If prescription medication must be administered at school, it must be brought to school by an adult, in the pharmacy container and with a signed note from the parent and your doctor stating **When and Why** this medication is to be given. Please, if you **MUST** send over-the-counter medications to school, send them in the original container and accompanied by a note signed by the parent and physician.

**PAST MEDICAL HISTORY:**

Chicken Pox: \_\_\_\_\_ Measles: \_\_\_\_\_ German Measles: \_\_\_\_\_ Mumps: \_\_\_\_\_ Heart Condition: \_\_\_\_\_ Kidney Condition or Disease: \_\_\_\_\_

Epilepsy: \_\_\_\_\_ Seizures: \_\_\_\_\_ Monoclsis: \_\_\_\_\_ Tonsillitis: \_\_\_\_\_ Strep Throat: \_\_\_\_\_ Ear Infections: \_\_\_\_\_ Asthma (be specific): \_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_

Does your child have Diabetes, Injuries or Surgery conditions? \_\_\_\_\_

Did your child receive a Tetanus Booster during the past year? \_\_\_\_\_