

Student's Name _____

Please list any **CURRENT** health problems or conditions your child has (may be same as above): _____

Please list any allergies (include **food, medications**, environmental, seasonal, etc.): _____

Please list any dietary restrictions (medical or non-medical) _____

Does your child see a specialist? If yes, please list condition, doctor's name, and phone number: _____

Please list any medications (prescribed or over-the-counter) your child takes **at home** on a daily or as-needed basis (such as medication for ADHD, allergies, asthma, or headaches): _____

SPECIAL NOTE: If your child must take any medications at school, including emergency medications (such as an inhaler or Epi Pen), you **must** fill out a CPS Administration of Medication form (available at the school).

Has your student had any operations, serious injuries or overnight hospital stays? No ___ Yes ___; please explain:

Has your child ever been pregnant? No ___ Yes ___; please explain:

Has your child ever been a victim of abuse? No ___ Yes ___; please explain:

Has anything bad, scary or sad happened to your family? No ___ Yes ___; please explain:

School Concerns

Is your child in a special education class? No ___ Yes ___; please explain: _____

Has your child repeated a grade? No ___ Yes ___; details: _____

Does your child get into trouble at school? No ___ Yes ___; details: _____

What are your child's grades on the report card? _____

Any changes recently in grades? No ___ Yes ___

Name of Parent/Guardian _____ **Date** _____

How can we reach you during school hours? Cell: _____ Work _____ Other _____