



Student Medical History

1. Does this student have food allergies? YES NO If yes, please describe:

2. Does the student have medical allergies? YES NO If yes, please describe:

3. Does this student require medication? YES NO If yes, please describe:

Name of medication _____ Reason for medication _____

Name of medication _____ Reason for medication _____

Please provide any additional information of which school staff should be aware:
