Community Unit School District 303
Health Services Survey

In effort to best serve our students, we request that you provide current health information.

1. Has your child had a serious illness, injury or surgical procedure within the past year? Yes ☐ No ☐
If yes, please explain:

Will your child require medication, restrictions, or accommodations at school? Yes ☐ No ☐

2. Does your child have a known allergy/sensitivity that may impact him or her at school? Yes ☐ No ☐
If yes, please explain:

Is your child's allergy considered life-threatening? Yes ☐ No ☐
Please list all allergy medications your child has been prescribed:

Will your child require medication, restrictions or accommodations at school? Yes ☐ No ☐

2. **Does your child have asthma?** Yes ☐ No ☐
Is your child's asthma mild, moderate or severe? *Please circle one*
Is your child's asthma seasonal, exercise, illness, or allergy induced? *Circle all that apply*
Please list all medications your child takes for asthma:

Will your child require medication, restrictions or accommodations at school? Yes ☐ No ☐

3. **Does your child have a history of seizures?** Yes ☐ No ☐
If yes, please explain the nature of your child's seizure history:

When did the last seizure occur?
Please list any seizure medications your child currently takes:

Will your child require medication, restrictions or accommodations at school? Yes ☐ No ☐

4. **Does your child have a history of cardiac concerns?** Yes ☐ No ☐
If yes, please explain the nature of your child's cardiac history:

Is your child currently under the care of a cardiologist? Yes ☐ No ☐
Please list all cardiac medications your child takes:

Will your child require medication, restrictions or accommodations at school? Yes ☐ No ☐

5. Does your child have any other health related concerns, physical or emotional, that could impact him or her while at school? Yes ☐ No ☐
If yes, please explain?

Will your child require medication, restrictions or accommodations at school? Yes ☐ No ☐

6. **Does your child wear glasses/contacts and/or have a visual impairment?** Yes ☐ No ☐
If yes, please explain the nature of the visual impairment:

7. **Does your child have a known hearing loss, ear tubes or frequent ear infections?** Yes ☐ No ☐
If yes, please explain the nature and frequency of your child's hearing difficulty:

This information will be kept confidential and shared only with educational personnel on a need to know basis.
Please contact your school nurse if this information is not to be shared.
Health forms may be found at www.d303.org in the "For Parents" section under Forms

Child's Name: _____ Grade: _____

Parent/Guardian Signature: _____ School Year: _____