

GENERAL HEALTH INFORMATION

Students Name _____ D.O.B. _____

Does the student:

Have any special physical needs?

_____ no _____ yes, please specify _____

Have any chronic illness or special medical condition?

_____ no _____ yes, please specify _____

Have any food allergy or food sensitivity? _____

List food restrictions: _____

Take medication daily? *please specify _____

* Note: The Nursery School staff is not permitted to administer medication to students. Please be sure your child receives whatever medication is necessary before coming to school.

Parent's signature _____ Date: _____