



Ann Arbor Public Schools Health Information Survey

Updated December 2006

Student Last Name, First Name

Gender M/F

Date of Birth

Grade

School Attending

Please note any physical or personal problems for which the student might require special attention or help from school personnel (e.g. severe allergies, asthma etc.).

My child's health concerns include:

- Asthma
- Diabetes
- Medications
- Seizures
- Severe food or bee allergy
- Heart Condition

Other _____

Medications:

If your child does have a medical concern, the nurse will contact you to obtain more information to plan for the upcoming school year.

Parent/Guardian's Name

Parent/Guardian's Signature

Date

Daytime Phone

Evening Phone

Email Address

Return to office of School Principal