

Health History continued

Please list any prescription and over the (minter medication that your child takes on a regular basis.

Medication and dose	Time	Reason

Do any health and/or medical conditions require school restnctions, modifications, and/or intervention)

Yes No **IF YES, please explain**

Does the student require any special procedures and/or treatments for their health condition(s)?

Yes No **IF YES, please explain**

Please indicate any other information about your child's health or development that you think would be helpful for the school to know.

Form completed by

Relationship to student

Date