

**Millbury Street Elementary School  
Student Health Information 2016/2017**

**Student Name:** \_\_\_\_\_ **Grade:** \_\_\_\_\_  
**DOB:** \_\_\_\_\_ **Home Room:** \_\_\_\_\_

**Please provide the following medical information for the nurse:**

**Student's medical condition/concerns (please describe):**

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**Does your child have any of the following (please describe):**

**Visual or Hearing problem:** \_\_\_\_\_

**ADD/ADHD:** \_\_\_\_\_

**Asthma:** \_\_\_\_\_

**Seizure Disorder:** \_\_\_\_\_

**Depression:** \_\_\_\_\_

**Diabetes:** \_\_\_\_\_

**Daily medications (please list names and dose):**

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**Please list your child's allergies, reactions and treatment:**

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*This is confidential and is needed in case of a medical emergency*

**Parent/Guardian Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_