

CENTER POINT-URBANA COMMUNITY SCHOOL DISTRICT

1. DOES YOUR CHILD HAVE ANY ALLERGIES (I.E. FOOD, MEDICATIONS, INSECTS)? NO ___ YES ___
SPECIFY _____
2. HAS YOUR CHILD BEEN DIAGNOSED AS HAVING: (PLEASE CIRCLE IF APPLY)
3. ASTHMA DIABETES HYPERACTIVITY SEIZURES BLEEDING DISORDER OTHER _____ N/A
4. IS YOUR CHILD PRESENTLY UNDER A PHYSICIAN'S CARE? NO ___ YES ___
SPECIFY _____
5. DOES YOUR CHILD TAKE ANY MEDICATION ON A REGULAR BASIS? NO ___ YES ___
NAME OF MED/ WHAT CONDITION? _____
6. IS YOUR CHILD UP-TO-DATE ON CHILDHOOD IMMUNIZATIONS? NO ___ YES ___ HAS YOUR CHILD HAD THE HEPATITIS B IMMUNIZATIONS? NO ___ YES ___
7. HAS YOUR CHILD HAD SURGERY, SERIOUS ILLNESS OR INJURY DURING THE PAST YEAR? NO ___ YES ___
SPECIFY _____
8. ARE THERE ANY HEALTH PROBLEMS THE SCHOOL SHOULD KNOW ABOUT? NO ___ YES ___
SPECIFY _____
9. WILL YOUR CHILD REQUIRE SPECIAL SERVICES? ___NO ___ YES (PLEASE CIRCLE IF APPLY)
SPECIAL THERAPY RESOURCE ROOM SPECIAL EDUCATION CLASSES HANDICAPPED ACCESSIBILITY
SEATING DUE TO HEARING LOSS DAILY MEDICATION OTHER _____
10. DOES YOUR CHILD HAVE AN IEP? NO ___ YES ___
11. DOES YOUR CHILD HAVE SPEECH, VISION, OR HEARING DIFFICULTIES THE SCHOOL SHOULD KNOW ABOUT? NO ___ YES ___
SPECIFY _____

E-MAIL ADDRESS (HOME): _____

ALTERNATE E-MAIL WHERE NOTIFICATIONS ARE ALLOWED: _____

PARENT/GUARDIAN SIGNATURE

DATE