Medical Information Form

Child's Last Name: _____ First Name: _____ M.I.: _____

Please Answer each question below – All information is required.

1. Does your child have any medical/physical condition or diagnosis we should be aware of?

☐ Yes ☐ No

(Please check all that apply)

- ☐ Diabetes (Type I/Type II)
- ☐ Seizures / epilepsy
- ☐ Assistive Devices (Walker, Wheelchair, Braces, Hearing Aid, etc)
- ☐ Deaf / Hard of Hearing
- ☐ Chronic or Recurring Illness/Condition

Other(s):

_____

2. Does your child have a mental/behavioral health concern and/or diagnosis we should be aware of?

☐ Yes ☐ No

(Please check all that apply)

- ☐ Bipolar
- ☐ Depression
- ☐ Anxiety Disorder
- ☐ Personality Disorder
- ☐ OCD
- ☐ Autism
- ☐ Reactive Attachment Disorder (RAD)
- ☐ FASD (Fetal Alcohol Spectrum)
- ☐ Oppositional Defiance Disorder (ODD)
- ☐ PTSD (Post Traumatic Stress Disorder)
- ☐ ADD/ADHD
- ☐ Emotional health concerns of any type
- ☐ Currently seeing professional for mental/emotional health concerns

Other(s):

_____

3. Does your child receive any special services through the school district?
(E.g., IEP, IFSP, 504 Plan, Behavioral Support Plan, Resources, Gifted, OT/PT, Speech, etc.)

☐ Yes ☐ No

Please Explain:

_____

Medical Information Form (continued)

4. Does your child take any prescription or over-the-counter medication?

☐ Yes ☐ No

(Please list the name, dosage, time taken, and reason for any medications)

Medication	Dosage	Time Taken	Reason for Medication

Other(s):

5. Does your child have any emotional support needs or behaviors we should be aware of?

☐ Yes ☐ No

(Please check all that apply)

☐ Is your child easily distracted or struggle to focus on structured activities or work?

☐ Does your child struggle with quiet, low energy or independent activities?

☐ Does your child ever get easily overwhelmed?

If yes, what may that look like?

☐ Does your child struggle to manage feelings of frustration, sadness, or anger?

Other(s):

Registering parent/adult name(s):

Printed Name: _____ Date: _____

Printed Name: _____ Date: _____