



Bluebonnet School School-Age Health Form

Child's Name _____ Name Child is Called _____

Has your child had any hospitalizations during the past 12 months? If so, please explain.

Please give us instructions for providing for any special needs your child may have: allergies or chronic illnesses, such as asthma, hearing or vision impairment, feeding needs, developmental issues, neuromuscular conditions, urinary or other health problems, seizures or diabetes.

Does your child take any medication prescribed for long-term, continuous use? If so, what medication and for what condition?

Does your child require any special accommodations in order to take part in our programs?

My child's immunizations are current and are on file at the school she / she attends. Vision and hearing screening records are also on file at the school.

Name of School _____

Address _____ Tele. of School _____

Child's Health Insurance Company _____ Tele. _____

Name of Subscriber _____ Policy No. _____ Group.No. _____

Signature of Parent

Print Parent's Name

Date