

**Guerin Prep High School
Medical Information Sheet**

Dear Parents/Guardians:

It is important that Guerin Prep be aware of existing or recurring health conditions of our students. This information is necessary to help provide for your son's or daughter's everyday needs as well as emergencies. Please fill out the following form and return it to Guerin Prep by May 1, 2006.

Student Name _____

Class _____

_____ Allergies _____

_____ Anemia _____

_____ Arthritis _____

_____ Bronchial Condition _____

_____ Diabetes _____

May need to leave the classroom for a snack or to take medication to adjust insulin level ___Yes ___No

_____ Ear Infections _____

_____ Eczema _____

_____ Epilepsy _____

_____ Hay Fever _____

_____ Hearing Problem _____

_____ Heart Condition _____

_____ Hypertension _____

_____ Hypoglycemia _____

May need to leave the classroom for a snack to adjust blood sugar level: ___Yes ___No

_____ Learning Disability/Emotional Disorder (IEP, 504 Plan, Private Evaluation) _____

_____ Menstrual Difficulties _____

_____ Migraine Headaches _____

_____ Physical Education Restrictions _____

_____ Scoliosis _____

_____ Thyroid Condition _____

_____ Vision Problems _____

_____ Other Health Conditions _____

Medications: ___Yes ___No If yes, please list: _____

Preferential Seating: ___Yes ___No If yes, list reason: _____

Are there any issues (medical or emotional) that would interfere with the student's learning? If yes, please explain _____.

Is the student currently seeing a counselor or therapist? _____. If yes, please contact the student's Guerin Prep counselor.

Additional Comments: _____

PARENT/GUARDIAN SIGNATURE _____

DATE _____