

St. Matthew Lutheran Church & Early Childhood Center
Hawthorn Woods, IL
Health Information – 2021-2022

Student Name: _____ Home Phone: _____

Student Address: _____

Date of Birth: _____ Gender: _____ Registering for Grade: _____

Doctor: _____ Phone: _____

Parent/Guardian Signature: _____

Confidential Health Information	Check all that apply	Please explain any yes answers.
Allergies (Specify)	No ___ Yes ___	_____
Food (Specify)	No ___ Yes ___	_____
Environmental	No ___ Yes ___	_____
Seasonal	No ___ Yes ___	_____
Other Allergies (Specify)	No ___ Yes ___	_____
Asthma	No ___ Yes ___	_____
ADHD	No ___ Yes ___	_____
Bee Sting Allergy	No ___ Yes ___	_____
Bowel/Bladder Concerns	No ___ Yes ___	_____
Diabetes	No ___ Yes ___	_____
Emotional Concerns	No ___ Yes ___	_____
Heart Condition	No ___ Yes ___	_____
Hearing Concerns	No ___ Yes ___	_____
Glasses/Contacts/Vision Concerns	No ___ Yes ___	_____
Seizures	No ___ Yes ___	_____
Skin Condition	No ___ Yes ___	_____
Other (Specify)	No ___ Yes ___	_____
TREATMENTS		
Inhaler	No ___ Yes ___	_____
Epinephrine	No ___ Yes ___	_____
Other	No ___ Yes ___	_____
MEDICATION		
Medication taken at home	No ___ Yes ___	_____
Medication needed at school*	No ___ Yes ___	_____

*School Medication Authorization form must be on file in school office for medicine to be administered.
 Medical information on this card and in your child's health record may be shared with the educational staff to maintain your child's health and safety in the school setting. St. Matthew Lutheran Church & Early Childhood Center is not responsible for any health concerns that are not addressed on this form.