



## **Junior Academy**

### **Imagination in Education**

# **HEALTH STATUS INFORMATION**

Child's Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Name and telephone number of child's Health Care Practitioner if known:

\_\_\_\_\_

Known Allergies: \_\_\_\_\_

Medication Being Taken: \_\_\_\_\_

Special Diet Required: \_\_\_\_\_

Developing Concerns: \_\_\_\_\_

Chronic Health Conditions:

\_\_\_ Seizures

\_\_\_ Asthma

\_\_\_ Diabetes

\_\_\_ Allergies

\_\_\_ Heart or Respiratory Conditions

\_\_\_ Physical Disabilities

\_\_\_ Emotional Difficulties

\_\_\_ Other

Describe any conditions checked above:

\_\_\_\_\_

\_\_\_\_\_

## **HOSPITAL EMERGENCY DEPARTMENT INFORMATION**

Name of Hospital: \_\_\_\_\_

Hospital Address: \_\_\_\_\_

Signature of Parent or Guardian: \_\_\_\_\_

Date: \_\_\_\_\_

