

MEDICAL FORM

SCHOOL DISTRICT #143
Midlothian, Illinois

2017-2018

Please complete if your child has any medical problems. The school staff needs to be made aware of any problems your child may have.

Student Name

School

Date of Birth

Grade

Room

Parent/Guardian Name

Home Phone

Work Phone

I understand that this information will be shared with school staff.

Parent/Guardian Signature

Medical Problem

- Asthma/Bronchitis _____
- Heart Problem. Please explain. _____

- Diabetes _____
- Allergies. Please explain. _____

- Bee Stings _____
- Emotional/Social Problems. Please explain. _____

- Other. Please explain. _____
