

Please fill out this form and email it back to the office if you marked that your student has health concerns when doing the Aspire online registration.



STUDENT HEALTH INFORMATION

Student Name: _____

Please check all that apply to your student:

No known health problems.

VISION:

- Known eye condition (other than corrective lenses)
- Wears glasses
- Wears contacts

HEARING:

- Known hearing problem
- Uses hearing aid
- Has tubes in ears

ALLERGIES:

- Food
- Environmental
- Medicine

PLEASE FILL OUT THE FOLLOWING SECTION IF THIS STUDENT HAS ANY OF THE MEDICAL CONDITIONS LISTED BELOW

IF MEDICATIONS ARE TO BE ADMINISTERED DURING THE SCHOOL DAY EITHER BY SAID STUDENT OR BY A SCHOOL EMPLOYEE, THE MEDICATION AUTHORIZATION FORM MUST BE COMPLETED AS PER UTAH LAW (53A-11-601) BY THE ATTENDING PHYSICIAN.

Please check all conditions that apply:

- Asthma
- Diabetes
- Epilepsy
- Fainting Spells
- Heart Condition (specify below)
- Migraines
- Allergies
- ADHD/ADD

Specific Heart Condition

Other Conditions or Health Problems:

Does your student have any condition, which may result in a classroom emergency?

- No YES, Please Explain:

Does your student have a physical condition, which limits participation in classroom activity?

- No YES, Please Explain:

Does your student have a physical condition, which limits participation in physical education classes?

- No YES, Please Explain:

Required Assistance: Wheelchair Adult Assistance Special Equipment (list) _____

Signature of Parent/Guardian filling out form

Date