

**MEDICAL FORM**

**SCHOOL DISTRICT #143  
Midlothian, Illinois**

**2015-2016**

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. \_\_\_\_\_

\_\_\_\_\_