

**HEALTH ALERT**

Student's Name \_\_\_\_\_

Grade \_\_\_\_\_

My child has the following allergies (food, insect stings, etc.)

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My child has the following health problem of which you need to be aware of (hearing, vision, asthma, etc.)

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Other concerns that you feel may need my attention:

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Parent(s) Signature \_\_\_\_\_

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

**Please return the form even if there are no health concerns.**  
**Just indicate "NONE"**

