



## GENERAL HEALTH INFORMATION 2016 -2017

**\*\* PLEASE COMPLETE ONE FORM FOR EVERY STUDENT,  
WHETHER THEY HAVE ALLERGIES OR NOT \*\***

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

My Child Has No Allergies \_\_\_\_\_

Please list any allergy or health matter of which the teachers should be advised.

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Date

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Parent/Guardian Signature