

Does your child have any medical conditions, which require special consideration by school personnel?

Yes No (circle one)

If yes, what is the condition that we should note on his/her records?

Please see the school nurse for “School Medication Guidelines and Authorization Form.” This form must be renewed each school year.

Medications: Yes No

Name of medications:

Under doctor care currently: Yes No

List brothers/sisters that attend other Unit # 7 Schools:

Name/age/school:

List the most recent school attended: _____

Address of the school:

Name other schools that you may have attended:

Have you worked with the following school personnel in your previous school(s)?

Do you currently have an IEP?	Yes	No	Grade
Special Education Classes	Yes	No	Grade
School Psychologist	Yes	No	Grade
School Social Worker	Yes	No	Grade
Speech Therapist	Yes	No	Grade
504 Plan	Yes	No	Grade