



“Free” Etiquette and Leadership Health History Form

Student’s Full Name: _____

Emergency Contact: _____

Physician’s Name: _____ **Phone Number:** _____

Please list any medication your son/daughter is now taking and reason for medication:

_____.

Has your student had any of the following?

	Yes	No
1. Diabetes	___	___
2. Allergies	___	___
3. Allergic to any foods	___	___
4. Asthma	___	___

Note: if the answer to any questions above is “Yes,” please provide complete details.

_____.

In order for ELII to accommodate specific needs during our dining program, please list any foods that your child may be allergic. _____

_____.

I hereby certify that information above is true, correct and complete.

Parent(s) or Guardian(s) Name (please print)

Signature

Date: _____