

**DAY PROGRAM  
HEALTH RECORD FORM**

Northern Illinois University, Lorado Taft Campus  
(815) 732-2111, extension 120

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

School \_\_\_\_\_

My child will attend the Lorado Taft Field Campus on \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_  
Street City State Zip

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Parent/Guardian Name \_\_\_\_\_ Phone \_\_\_\_\_ Phone \_\_\_\_\_

Alternate Contact name and number \_\_\_\_\_

Our family physician is \_\_\_\_\_ Physician's phone \_\_\_\_\_

**The answers to these questions will be kept confidential. The purpose of these questions is to provide our staff with health and safety information about your child.**

- Does your child have any allergies? **Yes No**

If yes, is he/she prescribed an auto-epinephrine injector to carry? **Yes No**

Please list allergies. \_\_\_\_\_

- Does your child have any illnesses, injuries, or take medications? **Yes No**

Please describe. \_\_\_\_\_

- Outdoor education can involve hiking, running, and other physical activity. Does your child have any physical limitations? **Yes No** (Advance knowledge helps us prepare so that students of all abilities can be included. )

Please describe. \_\_\_\_\_

- **SPECIAL DIET** (vegetarian, diabetic, food allergies, etc.) \_\_\_\_\_

*Students with emergency-use inhalers, epi-pens and glucagon injections must carry them at all times.*

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*I give permission to have my child treated by the Lorado Taft Campus nurse,  
or by a physician in case of an emergency.*

Signature of parent or guardian \_\_\_\_\_ Date \_\_\_\_\_