



Halton Waldorf School

Student Health Information Form

This form must be completed for all **new students** joining the school.
We also ask that returning families complete the form, **IF** there are changes
to be noted in our student files.

STUDENT NAME: _____

HEALTH CARD #: _____

HEALTH CONDITIONS: _____

FAMILY DOCTOR: (Name, phone number) _____

ALLERGIES: _____

EPIPEN: ☐ yes ☐ no

MEDICATIONS TO BE STORED AT SCHOOL: _____

DIETARY RESTRICTIONS: _____

INSTRUCTIONS FOR ADMINISTRATION OF MEDICATION:

☐ yes ☐ no Permission to administer Acetaminophen

☐ yes ☐ no Permission to administer Antihistamine

☐ yes ☐ no Permission to administer Anti-Bacterial Cream

PERSON(S) AUTHORIZED FOR STUDENT PICK UP: _____

EMERGENCY CONTACTS: (Name, phone number) _____

Please include any other student information to be included (or updated) here:
