

# Ankeny Christian Academy Health Update 2012-2013

Student Name: \_\_\_\_\_

Grade to Enter: \_\_\_\_\_

Does the student have:

Additional information that would be helpful if we need to assist your child.

Asthma/Reactive Airway Disease	
Heart Condition/Murmur	
Frequent Headaches/Migraines	
Dizziness or Fainting	
ADD/ADHD	
Stomach problems/Ulcer	
Bowel Problems	
Special Diet Needs	
Diabetes	
Thyroid	
Congenital Birth Defects	
Emotional/Behavioral Challenges	
Mental Challenge	
Hearing Conditions	
Vision Conditions	
Kidney Disorder	
Bone, Joint or Muscle Concerns	
Seizures/Neurological Disorder	
Skin Conditions	
Speech Challenges	
Cognitive Challenges	
Other	

Dr. ordered special needs (provide documentation if special accommodations are required):

Glasses/Contacts Hearing Aids Braces Limited PE Seat close to instruction Liberal bathroom privileges

List your child's allergies: (If your child has a food allergy please fill out the Food Allergy Care Plan)

Food: \_\_\_\_\_

Medicine: \_\_\_\_\_

Environmental: \_\_\_\_\_

List any illnesses, operations or accidents your child had in the past year: \_\_\_\_\_

List any emotional, social or other conditions that might affect your child's school performance: \_\_\_\_\_

If you are new to ACA please include an evaluation from any previous school experiences if special needs or known disabilities exist along with medical documentation if applicable. This will help us to meet the learning needs of your child. If this is a new medical diagnosis please provide us with the new medical documentation.