

SCHOOL DISTRICT #143
Midlothian, Illinois

2011-12

Please complete if your child has any medical problems. The school staff needs to be made aware of any problems your child may have.

Student Name	School	
Date of Birth	Grade	Room
Parent/Guardian Name	Home Phone	Work Phone

Medical Problem

- Asthma/Bronchitis _____

- Heart Problem. Please explain. _____

- Diabetes _____
- Allergies. Please explain. _____

- Bee Stings _____
- Emotional/Social Problems. Please explain. _____

- Other. Please explain. _____

Please Return at Registration Time.