WILTON
P.O. Box 7658
Wilton, CT 06897-7658
A BETTER CHANCE
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Scholar Health Profile
2021-2022

Scholar's Name: _____ **Date of Birth:** _____

A. Allergies. Circle all that apply

Aspirin
Penicillin
Sulfur
Food allergies (specify)_____
Bee stings
Codeine
Other: _____

B. Has your child been diagnosed with any of the following? Circle all that apply.

Thyroid
Diabetes
Heart Condition
High Blood Pressure
Asthma
Other: _____

C. Other Health Concerns

Yes	No	Does your child take any medication (daily or occasionally)?
Yes	No	Does your child wear glasses, contacts or have vision concerns?
Yes	No	Does your child have hearing or speech problems or wear hearing aids?
Yes	No	Do you have any concerns about your child's general health?

Please explain any "yes" answers here.

_____

Date of last tetanus shot, if known: _____

Acknowledgement and Authorization

I represent that the information on this form is correct, and authorize the release of all information to ABC's Resident Directors, Host Families, Health Services Board Representative, medical professionals, and members of the Standard Committee if necessary.

Printed name: _____ **Date:** _____

Parent//Guardian Signature: _____