



**King of Kings Lutheran School
Health Form ~ 2019-2020**

Student's Name _____

Grade _____ Date of Birth _____

Please indicate any health conditions of which we should be aware:

- | | | |
|--|--|--|
| <input type="checkbox"/> Asthma | <input type="checkbox"/> Arthritis | <input type="checkbox"/> Deafness |
| <input type="checkbox"/> Diabetes | <input type="checkbox"/> Insect Sting Allergy | <input type="checkbox"/> Other Allergies |
| <input type="checkbox"/> Heart Issues | <input type="checkbox"/> Internal Irregularities | <input type="checkbox"/> Kidney/Bladder |
| <input type="checkbox"/> Physical Difficulties | <input type="checkbox"/> Seizures | <input type="checkbox"/> Stomach Issues |
| <input type="checkbox"/> Vision Problems | <input type="checkbox"/> Other | <input type="checkbox"/> None |

In the space below, please provide any extra information regarding conditions you checked:

Parent/Guardian Signature _____ Date _____