



Hammitt School on Willow

108 East Willow Street
Normal, Illinois 61761
Phone: (309)452-1170
Fax: (309)862-2902

Hammitt School on Oglesby

612 Oglesby Avenue
Normal, Illinois 61761
Phone: (309)452-1790
Fax: (309)452-1832

Medical Information History Form

Student's name: _____

DOB: _____

Please mark if the student has a diagnosis of any of the following:

_____ Asthma _____ Diabetes Heart Disease/Heart Condition : _____

_____ Headache/Migraines Breathing Problems: _____

_____ Skin Problems Epilepsy/Seizure Disorder: _____

_____ Autism _____ ADHD _____ Bipolar _____ Anxiety

_____ PTSP _____ OCD _____ ODD

Positive TB skin test (if yes, Date/check x-ray results) _____

Please list any other medical condition not specified above:

Please list any allergies to medications, food, and/or environment:

Allergen	Reaction
_____	_____
_____	_____
_____	_____
_____	_____

Surgeries (Please provide dates if possible):

Hospitalizations (Please provide dates and reason):

Please list any other serious injuries or illnesses not yet mentioned above:

Please mark preferred hospital

_____ Carle-Bromenn _____ OSF St. Joseph _____ No Preference

I do hereby authorize school officials to take whatever action is deemed necessary in their judgment for the health/safety of the students. I will not hold the school financially responsible for the emergency cost and/or transportation for the child.

Parent/Guardian Signature _____ Date _____

Medical Information History Form

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Insurance Type (Please mark one)

_____ Private Insurance

_____ State Insurance

_____ No Insurance

Please list any doctors your student receives care from and provide as much information as possible

Primary Care Physician (PCP, Family Doctor)

Address _____

Phone _____ Fax _____

Psychiatrist

Address _____

Phone _____ Fax _____

Neurologist

Address _____

Phone _____ Fax _____

Endocrinologist

Address _____

Phone _____ Fax _____

Nephrologist (kidney doctor)

Address _____

Phone _____ Fax _____

Other

Address _____

Phone _____ Fax _____