

**Richmond R-XVI School District
School Age Child Care (Adventure Club)
For School-Age Children (K – 5th Grades)**

Medical Form

Child's Name: _____ Birth Date: _____

Does your child take any medications? _____ If yes, please list them below:

Medication

Reason for Taking

Does your child have any allergies? _____ If yes, please list them below (include any food allergies)

At the present time OR in the past two years, has your child been diagnosed with or had any difficulty with the following?

Yes	or	No	Condition / Problem	Explain any treatment / current needs
_____	_____	_____	Asthma	_____
_____	_____	_____	Allergies	_____
_____	_____	_____	Blood Disorder	_____
_____	_____	_____	Diabetes	_____
_____	_____	_____	Ear / Hearing	_____
_____	_____	_____	Mouth / Nose / Throat	_____
_____	_____	_____	Breathing	_____
_____	_____	_____	Heart	_____
_____	_____	_____	Stomach	_____
_____	_____	_____	Urinary	_____
_____	_____	_____	Bone / Muscle	_____
_____	_____	_____	Emotional	_____
_____	_____	_____	Speech	_____
_____	_____	_____	Head Injury	_____
_____	_____	_____	Seizures	_____
_____	_____	_____	Other	_____