



# ARIZONA ARTS ACADEMY

Please let us know about your child's health and health care. This is a good way to keep your child safe. The information is **CONFIDENTIAL** and will be shared only with AAA staff who need to know (Nurse, Principal, Designee, or Clerk).

CHILD'S NAME \_\_\_\_\_  
GENDER \_\_\_\_\_  
CHILD'S DOB \_\_\_\_\_  
GRADE \_\_\_\_\_

**PLEASE INDICATE YOUR CHILD'S HEALTH STATUS BELOW.**

- My child has no known health conditions. \_\_\_\_\_ Intials

- My Child has a known condition(s). Please check all that apply:

Allergies (food or other)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Asthma  
Year Diagnosed \_\_\_\_\_

Seizures/Epilepsy  
Year Diagnosed \_\_\_\_\_

Diabetes (please select one)  Type 1  Type 2  
Year Diagnosed \_\_\_\_\_

Sickle Cell Disease  
Year Diagnosed \_\_\_\_\_

Other \_\_\_\_\_  
Year Diagnosed \_\_\_\_\_

2. MY CHILD HAS A PRIMARY DOCTOR.  YES  NO

If yes, please provide the healthcare provider's name and phone number:

Name \_\_\_\_\_  
Phone number \_\_\_\_\_

\_\_\_\_\_ I give permission for my child's school nurse or designee to talk to the doctor about my child's health.

3. MY CHILD'S ARE CURRENT.  YES  NO

Please attach Immunization Records or Sign Immunization Exemption Form.

4. MY CHILD IS COVERED BY HEALTH INSURANCE.  YES  NO

Please attach the front and back on the current insurance card.

Parent/Guardian Name \_\_\_\_\_  
Parent/Guardian Signature \_\_\_\_\_

Date \_\_\_\_\_  
Phone Number \_\_\_\_\_