HEALTH INFORMATION FORM

Please transfer Health Information from Student Information Form and return to NC two weeks prior to program.

School Name:_____

Please be as specific as possible.

Student Name	**Dietary Restrictions** (kosher, vegetarian, food allergies)	**Medical Concerns** diabetes, allergies, ADD, asthma, seizures physical limitations ***Please list asthma inhaler or epi-pen***	**Behavioral Info.** recent trauma, divorce, needs strong role model	**Other**

**NC Staff - Check for medical information on all students in your Field Group.