

TIMBERLINE HIGH SCHOOL  
Health Enrollment Form

\_\_\_\_\_ Student Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Grade \_\_\_\_\_

1. Do you have any specific medical problems or physically limiting disorders we should know about? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. Please list any known allergies \_\_\_\_\_  
\_\_\_\_\_

3. Do you take medications? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list medications \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. Will you need to take medications at school? Yes \_\_\_\_\_ No \_\_\_\_\_  
If yes, please list medications \_\_\_\_\_  
\_\_\_\_\_

5. Are you currently on a 504 or an IEP? Yes \_\_\_\_\_ No \_\_\_\_\_

6. Do you have any special needs or equipment that will be used here at school?  
Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, what? \_\_\_\_\_

\_\_\_\_\_ Student Signature \_\_\_\_\_ Date \_\_\_\_\_

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

Parent/Guardian Signature

Date