2018 Student Health Form  
CTD Enrichment Programs  

If your child has any health concerns that you feel the CTD program staff should know about, please complete this form and bring two hard copies with you on the first day of class.  

Student Information  

Date __________________________  

Student first name __________________________ Student last name__________________________________________  

Course Location (i.e. Chicago, Naperville…) __________________________  

Course(s) in which student is enrolled__________________________________________  

__________________________________________  

Parent/guardian first name________________________ Parent/guardian last name __________________________  

Please indicate and explain any special health needs your child may have:  

Are there any health concerns that may prevent your child from fully participating in class activities?  

Check one:  ☐ Y  ☐ N  

If so, please explain: