



ANNUAL STUDENT HEALTH UPDATE

Please complete, sign, and return to school.

Child's Name _____
 Grade _____ Teacher _____
 Parent Name _____
 Phone (Home) _____
 (Work) _____
 Physician _____
 Dentist _____ Date of last exam _____
 Vision Specialist _____ Date of last exam _____
 Allergies _____

This form is required for all students returning to school.

Has your child had a recent injury or illness that might limit him/her in school?

Any life threatening bee sting allergies or food allergies require a written note from your child's physician with specific instructions for school.

Has your child had any surgeries this past year?
 Yes No

If yes, please list:

Does your child have any of the following?

- | | | |
|---------------------|-----|----|
| Asthma | Yes | No |
| Heart Conditions | Yes | No |
| Cerebral Palsy | Yes | No |
| Hepatitis | Yes | No |
| Diabetes | Yes | No |
| Epilepsy | Yes | No |
| Kidney Problems | Yes | No |
| Ear Infections | Yes | No |
| Orthopedic concerns | Yes | No |
| Emotions concerns | Yes | No |
| Other | Yes | No |

Has your child ever had ear tubes?
 Yes No
 Are they still in place? Yes No

Does our child have any hearing or vision concerns?
 Yes No
 If yes, please provide more information.

Please list any medication your child will be taking:
 At School _____

At Home _____

If you answered yes to any of the above, please provide more information about the current problems and management:

You will be required to complete a medication permission form for you child to take any medication at school. This will be completed for all new medications and each time there is a change in dosage, time, or administration. Medication must be brought in the original labeled container.

Please fill in the name of your child and sign if you agree to the following:
 I, as parent or guardian of _____, give my consent for the School Nurse to contact school staff, who have an "educational need to know", regarding the health status of my child. I understand that all information will be kept confidential.

 Signature of parent/guardian

Signature of Parent/Guardian _____ Date _____