



ANNUAL HEALTH UPDATE 2011-2012

Student: _____ **Grade:** _____ **Teacher:** _____

1. Your help is needed to update your child's health status and assist our school personnel to identify potential classroom emergencies and health issues, which may affect your child's learning. Please complete this form and return to school.

Check any health concerns below, which pertain to your child:

_____ ADD/ADHD	_____ Allergies, specify	_____ Asthma	_____ Hearing
_____ Diabetes	_____ Heart problems	_____ Injuries	_____ Recent Surgery
_____ Mental/emotional	_____ Seizures	_____ Scoliosis	_____ Vision
_____ Other, specify _____			

If you checked any of the above, please specify symptoms, treatment, restrictions and needed adjustment. _____

Students with Asthma/Severe Allergies/Diabetes must have Emergency Action Plans in place at school.

_____ **MY CHILD HAS NO HEALTH NEEDS REQUIRING SPECIAL CONSIDERATION AT SCHOOL.**

IT IS THE PARENTS RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IF CHANGES OCCUR.

2. List all medications (include inhalers) your child is currently taking (include name, dose, time and reason): _____

THE MEDICATION AUTHORIZATION FORM CAN BE FOUND ON THE SCHOOL WEBSITE OR IN THE OFFICE. IT MUST BE COMPLETED FOR ANY MEDICATIONS TO BE GIVEN AT SCHOOL.

3. Immunizations in the PAST YEAR ONLY (please attach a copy of immunization record):
4. History of Chicken Pox Disease? _____ If **yes**, specify year _____ If **no**.
5. Date of last exam by eye care provider and results _____
6. Date of last exam by dentist and results _____
7. List of physician/phone numbers, include specialists _____

I understand the above information may be shared with school personnel responsible for the well being of my child.

Parent/Gaurdian Signature _____ Date _____

Phone Numbers (home 1) _____ (work 1) _____ (cellular 1) _____

Second Contact Parent/Gaurdian/Emergency Contact _____

Phone Numbers (home 2) _____ (work 2) _____ (cellular 2) _____