

ANNUAL HEALTH UPDATE FORM

Dear Parents/Guardians:

Please complete this entire form. This information is necessary to update your child's health record and is useful in an emergency. (Please complete a form for each child)

Thank you.

CHILD'S NAME \_\_\_\_\_ Grade in 18-19 \_\_\_\_\_

BIRTHDATE \_\_\_\_\_

List current medications your child is taking: \_\_\_\_\_

List allergies to medications: \_\_\_\_\_

List allergies to other things like foods, wasps, or bees: \_\_\_\_\_

What type of reaction did/does the child have (local swelling at sting site; hives; difficulty breathing)?

\_\_\_\_\_

What type of first aid is needed (apply ice pack, call parent, epi pen, etc)?

\_\_\_\_\_

Does your child have asthma? Yes \_\_\_\_\_ No \_\_\_\_\_ If so, does anything seem to trigger attacks (i.e. allergens, upper respiratory infection, physical exercise, cold weather, etc.)?

\_\_\_\_\_

Any other chronic health problems/concerns: \_\_\_\_\_

Does your child have any activity restrictions (PE, recess)? \_\_\_\_\_

**A doctor's note is needed if your child has any activity restrictions (ex. Asthma, heart conditions, or any disease). It is the parent's responsibility to provide the school with a doctor's note.**

Does your child have any assistive devices (hearing aide, brace, etc.)?

\_\_\_\_\_

Any hearing loss? \_\_\_\_\_ If so, which ear? \_\_\_\_\_

Does your child wear (circle) glasses/contact lenses?

**\*A completed Certificate of Immunization is required before attending school for students entering Kindergarten, 7<sup>th</sup> Grade and transferring from an out of state school\***

**\*\*If your child will be taking any medication at school (includes students carrying inhalers) please return a completed Medication Request Form (available in the office) to school. \*\***

The school policy for giving medication states that ALL PRESCRIPTIONS AND NON PRESCRIPTION medications must be in their original bottles and must be checked in and kept in the school office. Parents must complete a form in their child's school office if they would like medication dispensed during the school day. The purpose of this policy is to establish and maintain a system of safe storage, handling, and dispensing of medication at school.