

STUDENT HEALTH INFORMATION 2019-20 ANNUAL UPDATE

Please complete a form for each child enrolled in school

Student Name _____

Grade _____

Dental Exam ____/____ (month/year)

_____ My child has **NO** special health needs

Allergies:

- To what? _____
- Is Epipen prescribed for this allergy? **YES** ____ **No** ____
- How does your child react to this allergy? _____
- **School hot lunches are nut-free. If additional accommodations are needed due to allergies/medical condition—please contact the school office/hot lunch coordinator.**
- **Is a separate table needed in the lunch room due to NUT allergies? YES** ____ **No** ____ ****If YES, please contact child's teacher/hot lunch coordinator.**

Asthma-Is an Inhaler or Nebulizer prescribed? **YES** ____ **No** ____

Use as needed **OR** Special Instructions: _____

_____ ADD/ADHD

_____ **Diabetes**-Type: _____

_____ Hearing loss-Need preferential classroom seating? _____ Hearing aid? _____

_____ Heart Problems- Specify diagnosis: _____ Restrictions? _____

_____ Medications: _____ (**Any** medication to be administered by school staff requires

written physician authorization, **this includes over the counter medicines**).

_____ **Seizures** Type: _____ Date of last occurrence: _____ Restrictions? _____

_____ **Vision**-Does your child wear glasses? _____ Contact lenses? _____ Color blind? _____

Vision Exam (by Eye Dr/Vision Specialist) ____/____ (month/year)

_____ Concussion-Date _____ Restrictions? _____

_____ Other: _____ Restrictions? _____

****Action plans (signed by a physician & parent) are requested for the following health conditions: Asthma, Diabetes, Seizures & Severe Allergies.

Limited medical information (diagnosis, medication) will be shared with pertinent school staff to facilitate a safe learning environment UNLESS parent/guardian submits a written waiver.

Parent/Guardian Signature: _____ Date: _____

ANY MEDICATION TO BE ADMINISTERED BY SCHOOL STAFF REQUIRES WRITTEN PHYSICIAN AUTHORIZATION

THIS INCLUDES OVER THE COUNTER MEDICINES