

## ANNUAL HEALTH UPDATE

Student's Name \_\_\_\_\_ Grade \_\_\_\_\_ Teacher \_\_\_\_\_

My child may participate in all activities including Physical Education. Yes \_\_\_\_\_ No \_\_\_\_\_

My child is currently taking medication. Yes \_\_\_\_\_ No \_\_\_\_\_

Name of medication \_\_\_\_\_

For \_\_\_\_\_ Prescribed by \_\_\_\_\_

If medication is to be given during school, an **AUTHORIZATION FOR ADMINISTRATION OF MEDICINE BY SCHOOL PERSONNEL form** must be signed yearly and on file in the Health Office. These forms are available from the School Nurse.

**My child has the following MEDICAL CONDITION(S):** none: \_\_\_\_\_

Neurological condition (Seizures, Concussion) \_\_\_\_\_

Cardiovascular condition (Heart murmur, High Blood Pressure) \_\_\_\_\_

Respiratory condition (ASTHMA) \_\_\_\_\_

Gastrointestinal condition (Reflux, Constipation, Ulcer, Stomach aches) \_\_\_\_\_

Genitourinary condition (Bladder infections, accidents) \_\_\_\_\_

Musculoskeletal condition (Back pain, Sports Injury, Scoliosis) \_\_\_\_\_

Endocrine condition (Diabetes) \_\_\_\_\_

Skin condition (Eczema, Acne, Psoriasis, Hives) \_\_\_\_\_

Hearing deficit \_\_\_\_\_ Vision deficit \_\_\_\_\_ Glasses or Contact Lenses \_\_\_\_\_

Learning or Physical Disability \_\_\_\_\_

Emotional or Behavioral Problem \_\_\_\_\_

If any are checked, please explain. \_\_\_\_\_

**My child has the following ALLERGIES:** none: \_\_\_\_\_

Life threatening \_\_\_\_\_ Bee sting \_\_\_\_\_ Medication \_\_\_\_\_

Peanut/Nut \_\_\_\_\_ Food \_\_\_\_\_ Environmental \_\_\_\_\_

Seasonal \_\_\_\_\_ Other \_\_\_\_\_

If any are checked, please explain \_\_\_\_\_

**My child has had the following immunizations/boosters in the past year:**

Immunization/Booster \_\_\_\_\_ Date \_\_\_\_\_

**My child has had the following injury, illness, infectious disease or hospitalization in the past year/date:** \_\_\_\_\_

Is there anything you would like to discuss with the School Nurse? Yes \_\_\_\_\_ No \_\_\_\_\_

**Parent/Guardian Signature and Date:** \_\_\_\_\_