



## Annual Student Health Information 2022 - 2023 School Year

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Parent/Guardian Name: \_\_\_\_\_ Class: \_\_\_\_\_

Medication Allergies: \_\_\_\_\_

Food Allergies or Dietary Restrictions: \_\_\_\_\_

Other Allergies (insect stings, latex, seasonal, other): \_\_\_\_\_

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### Medical History

Please check the applicable boxes below and provide explanation as needed.

- |  |  |  |
|--|--|--|
| <input type="checkbox"/> ADD/ADHD          | <input type="checkbox"/> Diabetes                    | <input type="checkbox"/> Hearing/Vision        |
| <input type="checkbox"/> Asthma            | <input type="checkbox"/> Emotional/Behavioral Health | <input type="checkbox"/> Mobility Concerns     |
| <input type="checkbox"/> Autism/Asperger's | <input type="checkbox"/> GI/Bowel                    | <input type="checkbox"/> Seizure Disorder      |
| <input type="checkbox"/> Cardiac/Pulmonary | <input type="checkbox"/> Glasses/Contacts            | <input type="checkbox"/> Other Health Concerns |

Please list additional information regarding any checked boxes: \_\_\_\_\_

*Medical diagnoses that impact your child's health and safety during the school day and/or require treatment or accommodations, such as severe food allergies, asthma, seizure disorders, diabetes, etc., will need additional health care plans, medication and medical equipment.*

Please list current medications (name and dose), including prescription and over-the-counter:

Will your child need medical/nursing care at school? If yes, please describe in detail: \_\_\_\_\_

Physician: \_\_\_\_\_ Phone #: \_\_\_\_\_

Specialist: \_\_\_\_\_ Phone #: \_\_\_\_\_

Dentist: \_\_\_\_\_ Phone #: \_\_\_\_\_

*To ensure the care of my child, I agree that pertinent health information may be shared with appropriate school staff, and may be forwarded to medical personnel in an emergency. I agree to notify the school nurse of any changes in medication, dosage, or change in any health status of my child. I acknowledge that all foregoing above information is true and correct.*

Signature of Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_