

# 2017-2018 HEALTH UPDATE INFORMATION

<b>Student Name</b>	<b>Birthdate</b>	<b>Grade</b>	<b>Does your child wear....</b> Glasses    Contacts    None	<b>Family Medical Doctor</b>
---------------------	------------------	--------------	--	------------------------------

**Does your child have any health problems? Check all that apply below** Use back of form if needed

ADHD     DEPRESSION     HEART PROBLEMS     DIABETES     HEARING LOSS     CEREBRAL PALSY  
 MENTAL DISORDER     SEASONAL ALLERGY     LATEX ALLERGY—Reaction Type (respiratory or rash)  
 Asthma—**Will an inhaler need to be kept in the office at school? YES or NO**  
 Allergy (**Severe**) food or nut (List) \_\_\_\_\_ **Will EPI-Pen be brought to school? YES OR NO**  
 Food Allergy: (Doctor’s note is required for special meal/food replacement) (LIST) \_\_\_\_\_  
 OTHER—Conditions/Concerns: (Use back of form if needed) \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**List any immunization or boosters received in the last year. (DO NOT INCLUDE KINDERGARTEN/PRE-K SHOTS)**

**(Include type, date, given by)**

**Mediations Taken by student at home or at school on a daily basis—Use back of form if more space is required**

Medication	Dosage	Taken at (time)	Given at HOME	School	Both

*The information given above is confidential.  
I give permission to share this information with school staff working with the student. All student forms are kept in the Nurse’s office at the Middle School building.*

**PERMISSION FOR Acetaminophen 325 mg Please circle one: YES or NO Does not cover any other medications**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Relationship to Student \_\_\_\_\_