SCHOOL DISTRICT OF GILMANTON
Annual Student Health Information Update

Information on this form should be filled out for each new school year. Please complete and return with back-to-school paperwork.

1. Name _____ DOB _____ Gender: M F Grade _____

HEALTH CONDITIONS

2. Check any of these conditions which your child has or has had:

□ ADD/ADHD	□ Blood Disorder	□ Depression/Anxiety	□ Heart Problems	□ Serious Injury
□ Allergies (seasonal) mild/moderate *Circle One*	□ Bowel/bladder	□ Dental	□ Orthopedic/Bone	□ Vision Concerns Wears glasses Y/N
□ Allergies (food, latex, insects, drugs) *Circle One*	□ Cancer	□ Hearing	□ Social/Emotional/ Behavioral	□ Speech Concerns
□ Asthma mild/moderate *Circle One*	□ Bleeding Problem	□ Diabetes Type I/II *Circle One*	□ Seizures	□ Special Needs
□ Migraines	□ Cerebral Palsy	□ Head Injury/ Concussion	□ Other	

3. If you have checked any of the above conditions, please explain: _____

_____

_____

4. If your child has **ASTHMA**, does he/she need to have/carry an inhaler at school? **YES/NO** (circle one)

If YES, you must fill out a Medication Administration Form. Please label the inhaler with your child's name. **Contact the school nurse to discuss an Action Plan**.

5. If your child has **SEVERE ALLERGIES**, does your child have an Epi-Pen? **YES/NO** (circle one)

If YES, you must fill out a Medication Administration Form for Emergency Medication. **Contact the school nurse to discuss an Allergy Action Plan**.

If YES, what is your child allergic to? _____

6. List any emergency medications: _____

7. If your child has **DIETARY RESTRICTIONS**, parent must provide dietary order from physician.

8. If your child has any other health concerns (such as migraines, seizures or diabetes) that require special instructions please speak with the nurse to discuss action plans.

9. _____ My child does **NOT** have any known health concerns.

10. I give school permission to administer Tylenol to my child if needed. **YES/NO** (circle one)

11. My signature gives permission to share this health information with school staff as needed for safety at school, on field trips and other school activities.

_____ _____

Parent/Guardian Signature **Date**