

SCHOOL DISTRICT OF GILMANTON

Annual Student Health Information Update

Fill Out
One Per
Family

Student #1 Name:	Student #2 Name:	Student #3 Name:	Student #4 Name:
Check any of these which your child currently has or has had in the past:			
ADD/ADHD	ADD/ADHD	ADD/ADHD	ADD/ADHD
Allergies-Seasonal	Allergies-Seasonal	Allergies-Seasonal	Allergies-Seasonal
Allergies-Mild	Allergies-Mild	Allergies-Mild	Allergies-Mild
Allergies-Moderate	Allergies-Moderate	Allergies-Moderate	Allergies-Moderate
Allergies-Food (list)	Allergies-Food (list)	Allergies-Food (list)	Allergies-Food (list)
Allergies-Other (list)	Allergies-Other (list)	Allergies-Other (list)	Allergies-Other (list)
Allergies –SEVERE (list)	Allergies –SEVERE (list)	Allergies –SEVERE (list)	Allergies –SEVERE (list)
Anxiety	Anxiety	Anxiety	Anxiety
Asthma-Mild	Asthma-Mild	Asthma-Mild	Asthma-Mild
Asthma-Moderate	Asthma-Moderate	Asthma-Moderate	Asthma-Moderate
Blood Disorder	Blood Disorder	Blood Disorder	Blood Disorder
Bleeding Disorder	Bleeding Disorder	Bleeding Disorder	Bleeding Disorder
Bowel/Bladder	Bowel/Bladder	Bowel/Bladder	Bowel/Bladder
Cancer	Cancer	Cancer	Cancer
Cerebral Palsy	Cerebral Palsy	Cerebral Palsy	Cerebral Palsy
Dental Problems	Dental Problems	Dental Problems	Dental Problems
Depression	Depression	Depression	Depression
Diabetes Type 1	Diabetes Type 1	Diabetes Type 1	Diabetes Type 1
Diabetes Type 2	Diabetes Type 2	Diabetes Type 2	Diabetes Type 2
Dietary Restrictions (explain)	Dietary Restrictions (explain)	Dietary Restrictions (explain)	Dietary Restrictions (explain)
Epi-Pen	Epi-Pen	Epi-Pen	Epi-Pen
Head Injury/Concussion	Head Injury/Concussion	Head Injury/Concussion	Head Injury/Concussion
Hearing Problems	Hearing Problems	Hearing Problems	Hearing Problems
Heart Problems	Heart Problems	Heart Problems	Heart Problems
Inhaler (currently uses)	Inhaler (currently uses)	Inhaler (currently uses)	Inhaler (currently uses)
Migraines	Migraines	Migraines	Migraines
Orthopedic/Bone	Orthopedic/Bone	Orthopedic/Bone	Orthopedic/Bone
Seizures	Seizures	Seizures	Seizures
Serious Injury	Serious Injury	Serious Injury	Serious Injury
Social/Emotional/Behavioral	Social/Emotional/Behavioral	Social/Emotional/Behavioral	Social/Emotional/Behavioral
Special Needs	Special Needs	Special Needs	Special Needs
Speech Concerns	Speech Concerns	Speech Concerns	Speech Concerns
Vision Concerns	Vision Concerns	Vision Concerns	Vision Concerns
Wears Glasses	Wears Glasses	Wears Glasses	Wears Glasses
Other Concerns	Other Concerns	Other Concerns	Other Concerns

Please explain any of the above conditions (attach page if necessary) _____

Parent/Guardian 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