Visiting Nurse Health Services
School Health Program

Annual Student Health Update

20__ – 20__

Name________________________________School________________________________Grade______________

1. **Your help is needed to update your child's health status and assist school personnel to identify potential classroom emergencies and health issues, which may affect your child's learning. Please complete this form and return to school by ___________________________.**

Check any health concerns below, which pertain to your child:

_____Asthma _____ Seasonal allergies ____ ADHD ____ Hearing
_____Diabetes _____ Heart problems ____ Recent surgery ____ Vision
_____Seizures _____ Mental/emotional ____ Scoliosis ____ Other, specify below
_____ Severe Allergy, specify to what below ____ Concussion, specify year____

If you checked any of the above, please specify symptoms, treatment, restrictions, and any needed adjustments.

Describe here (use back if additional space needed): ____

____

2. Does your child require any emergency rescue Medications (inhalers, Epi Pens,etc)? **Yes** *or* **No**

If yes, please circle one: **I Will** *or* **I Will Not** be providing rescue medication for my child at school.

The medication provided will be ______kept in school office OR _____ self-carried by student.

I understand that by NOT providing rescue medication, EMS (911) will be called if an emergency arises.

3. **Medications (include inhalers) your child is currently taking (include name, dose, time, and reason):**

____

____

MEDICATION AUTHORIZATION MUST BE COMPLETED FOR MEDICATIONS TO BE GIVEN AT SCHOOL

4. **Date of last exam by eye care provider and results** ____
5. **Date of last exam by dentist and results** ____
6. **List physician/phone numbers, include specialists:** ____

_____My child has no health needs requiring special consideration at school.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL NURSE IF CHANGES OCCUR

I understand the above information may be shared with school personnel responsible for the well being of my child.

Parent/Guardian Signature ____Date______________________

Phone Number (Home)______________________ (Work) _______________ (Cellular)__________________

Preferred Email address____