

INTERMEDIATE UNIT 1 HEALTH UPDATE

Please complete and return immediately so we have the most recent health information for your child:

Student's Name _____ Date of Birth _____

CHECK ANY OF THE FOLLOWING THAT APPLY TO YOUR CHILD:

☐ Yes ☐ No **ALLERGIES:** (drugs, food, insects, pollen) If yes, list type _____

Comments: _____

☐ Yes ☐ No **BEE STING REACTION:** If yes, describe worse known reaction _____

Difficulty Breathing: yes/no Epi-pen or Benadryl needed? yes/no

☐ Yes ☐ No **ASTHMA:** Triggered by: _____

Inhaler needed? yes/no Is inhaler to be kept at school? yes/no

(You must provide a doctor order and an inhaler to **keep** at school)

☐ Yes ☐ No **DIABETES:** Takes insulin: yes/no Blood sugar checked daily? yes/no

Insulin needed during school? yes/no Diet type _____

☐ Yes ☐ No **SEIZURES:** If yes, describe type _____

Date of last seizure _____ Currently under seizure medication? yes/no

List seizure medications _____

☐ Yes ☐ No **HEART CONDITION:** If yes, describe _____

List any physical restrictions _____

List heart medications _____

CIRCLE THE FOLLOWING THAT PERTAIN TO YOUR CHILD:

EYES: Glasses Contacts Crossed Lazy Eye Difficulty Seeing
Other _____

EARS: Frequent Infections Tubes Hearing Aid Difficulty Hearing
Other _____

OTHER: Nosebleeds ADD/ADHD Headaches Blood pressure
Bone/Joint problems Scoliosis

Any recent accidents, illnesses, surgery/hospitalizations? yes/no If yes, explain: _____

Other health concerns/health information please list: _____

List medications your child takes, dosage and the time they need to take it: _____

(If your child needs medication at school, review enclosed policy and provide your signature and a written copy of the doctor’s order with the medication in its original container.)

Immunization Updates: (Please provide any new dates in the space given)
Tetanus Booster _____
Hepatitis B #1 _____ #2 _____ #3 _____
Varicella (chicken pox) _____

I GIVE MY PERMISSION TO SHARE THIS INFORMATION WITH THE TEACHER AND SCHOOL STAFF RESPONSIBLE FOR THE EDUCATION OF MY CHILD.

Parent Signature

Date

Home Phone Number

Work Phone Number

Cell Phone Number

Other Phone Number