

Annual Health Report 2019 - 2020

Dear Parents/Guardians,

In order for us to keep your child's school health record up to date, we would like you to provide the following:

Child's name _____ Date of Birth: _____ Grade _____

Date of most recent visit to:

Family doctor: ___/___/___ Name of doctor: _____ Phone #: _____

Eye doctor: ___/___/___ Name of eye doctor: _____ New glasses/Contacts? _____

Dentist: ___/___/___ Name of dentist: _____

Recent immunization/booster? Yes ___ No ___ (If yes, please send copy of date with doctor's signature/stamp)

Accidents/illnesses/surgeries within past year _____

Please list any medication your child takes regularly _____.

If it is medically necessary for your child to have medication at school, please contact the school nurse for a medication permit. This requires parent and doctor signature. Parent needs to transport medication to school.

Please check the following conditions that apply to the student. Include a brief explanation and any dates where appropriate in the space below. Please notify your school nurse with any concerns/questions. Thank you.

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|--|---|
| _____ ADD/ADHD (circle one) | _____ Fainting |
| _____ Allergic to bee stings | _____ Head injury/concussions |
| mild ___ moderate ___ severe ___ (check one) | _____ Heart Disease/ Defect |
| _____ Allergic to food (list below) | _____ Kidney disorder |
| mild ___ moderate ___ severe ___ | _____ Menstrual cramps(severe) |
| _____ Allergic to medication or other (list below) | _____ Mental health issues |
| _____ Asthma | _____ Migraine headaches |
| _____ Birth defect/Chromosome disorder | _____ Nosebleeds (frequent) |
| _____ Cancer/Leukemia/Blood disorder | _____ Physical activity limitations(list below) |
| _____ Cerebral Palsy | _____ Scoliosis |
| _____ Color blind | _____ Seizures |
| _____ Cystic Fibrosis | _____ Other (list below) |
| _____ Diabetes | _____ No known health problems |

Explain: _____

If your child requires accommodations at school due to a medical condition, please provide documentation of the medical condition from your child's doctor to the school nurse.

It may be necessary to share health information with your child's teacher (either verbally, in written form, or by e-mail) to ensure their safety and welfare. Please give your consent to the sharing of pertinent health information by signing below.

Parent/Guardian signature _____ Today's date _____

Thank you for your help and let's have a healthy school year! Laura Norris RN School Nurse