

Student Health Update Form



Student's Name _____ DOB _____ Grade _____

HEALTH CONDITIONS (check all that apply)

- ADD/ADHD (circle appropriate diagnosis)
Allergies – List all known allergies (food, insects, environmental, medications)

- Epi-pen prescribed for allergy to _____
- Asthma
 - Rescue Inhaler prescribed
 - Location of inhaler during school hours _____
- Peak Flow Meter prescribed
- Normal Peak Flow Range _____
- Bone Disease/Fractures currently affecting activities of daily living
- Diabetes
 - Type 1 or Type 2 (circle one)
 - Uses an insulin pump
 - Uses an insulin pen
 - Takes oral medication
- Anxiety/Depression (circle appropriate diagnosis)
- Headaches/Migraines (circle appropriate diagnosis)
- Stomach Issues
- Glasses/Contact Lenses
- Hearing Issues/Impairment
 - Hearing Aid
- Kidney Disease
- Physical Handicap
- Seizure Disorder
 - Type _____
 - Medication _____
- Surgeries affecting activities of daily living
- Other Health Conditions _____

Medications – List any medications student takes on a routine or frequent basis:

I know of no health reason(s), other than the information indicated on this form, why my child should not participate in any school activity. In order to better serve the health needs of my child, I hereby give my permission for the transfer of health information to school and other appropriate health professionals. This includes release of school immunization records to the KS Immunization Program, including the immunization registry, for the purpose of assessment, reporting, and prevention of disease. I authorize school personnel to obtain emergency medical care for my student in the event I cannot be reached. If transportation by ambulance is required, this may be obtained.

Parent/Guardian Signature _____

Date _____