Shakopee PUBLIC SCHOOLS EDUCATION FORWARD
District Office
1200 Town Square
Shakopee, MN 55379

Student Annual Health Update

Each year the District asks parents to update student health records to insure that Health Services staff is providing proper services. The information provided below may be shared with staff involved with your student's education. Please return this form with the student's other registration paperwork. If you have any questions, please call the District Health office at (952)496-5081 or (952)496-5073.

Last Name _____ **First Name** _____ **Grade** _____

Date of Birth: _____ **Gender:** ____ **Male** ____ **Female** **School** _____

	Please read carefully. Check the appropriate YES or NO box to the right for the questions in bold below and include any other requested information.	**YES**	**NO**
1	**Does your child have a medical diagnosis?** If yes, what is the diagnosis? _____		
2	**Has your child received immunizations in the last year?** Type of Immunization _____ Date Received _____ Name of Clinic _____ (or attach a copy of the immunization).		
3	**Has your child been seriously ill or hospitalized since the last school year?** If yes, name the illness or reason for hospitalization (be specific) _____		
	Is he/she still under the care of a physician? If yes, physician's name _____		
4	**Are there health services needed in school?** If yes, list the services needed: _____		
5	**Does your child have allergies?** If yes, what is your child allergic to? _____ What is the typical reaction? _____ What medications are used? _____ What restrictions are required for school? _____ **NOTE** - If your child has a food allergy, contact the Shakopee Food Service office at (952)496-5140. ***If the allergy is SEVERE, please complete an Allergy Action Plan form*** available in the health office at your child's school or on the district website. Supply emergency medications to your child's school.		
	If your child is in Elementary school, do you want your child to sit at the Allergy-Aware table in the cafeteria?		
6	**Does your child have any dietary restrictions/needs?** If yes, please explain _____ Also, contact the Shakopee Food Service office at (952)496-5140		
7	**Does your child have asthma?** If yes, list the medications used _____ Where will the medications be kept? ☐Home ☐ Self-Carry ☐School Health Office **NOTE** - Please complete an ***Asthma Action Plan form*** available in the health office of your child's school or on the district website. Supply medications to your child's school.		
8	**Is your child taking any medication on a regular basis?** If yes, what is the name of the medication _____ What is the reason for the medication _____		
	Does this medication need to be administered at school? If yes, you must ***complete a "Administration of Medication at School " form*** available in the health office of your child's school or on the district website.		
9	**Has your child had any vision problems?** If yes, please explain _____		
	Does your child wear glasses or contacts?		
10	**Has your child had any hearing problems?** If yes, please explain _____		
11	**Does your child have any restrictions on physical activity?** If yes, please explain _____		

NOTE - If you would like an individual meeting with the School Nurse to discuss health concerns or have other questions, please call the health office at your child's school.

Parent Name (Print) _____

Parent Signature_____ Date _____