

The district asks parents to update their child's health records annually to ensure that Health Services staff is providing proper services. The information provided below may be shared with staff involved with your child's education. Please return this form with the child's other registration paperwork.

## Student Annual Health Update

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Grade \_\_\_\_\_  
 Date of Birth \_\_\_\_\_ School \_\_\_\_\_ Gender Male \_\_\_ Female \_\_\_

**The Health Services Department is here to assist with any student health related needs. Please review the following items. Any forms that we require can be printed from the district website or obtained from the school or district office.**

- If your child has received immunizations in the past year please provide us with a copy of their most recent vaccination record.
- If your child requires daily health services to be provided by a nurse or if they have had a significant change in their health status since the last school year that may impact their school day please contact the school health office.
- If your child has food allergies, dietary restrictions or other food related needs please contact Food Service at 952-496-5140 to discuss modifications that may be necessary.
- If your child requires medication to be administered at school, please provide the school nurse with a signed order from the licensed prescriber using a Medication Authorization form.
- If you would like an individual meeting with the school nurse to discuss health concerns or have other questions please contact the health office at your child's school.

**Allergies**

Does your child have allergies?      Yes                  No  
 If yes, what is the child allergic to? \_\_\_\_\_  
 What does a typical reaction look like? \_\_\_\_\_  
 What medications are used to control the reaction? \_\_\_\_\_  
 What restrictions are required at school? \_\_\_\_\_

Note: If the allergy is severe and may require emergency action or the use of epinephrine please submit an **Allergy Action Plan\*** that is signed by the child's physician and parent and provide emergency medication to the school.

If your child is in elementary school, should your child sit at the Allergy Aware table?      Yes                  No

***If your child has a food allergy contact the Food Service department at (952) 496-5140***

**Asthma**

Does your child have asthma?      Yes                  No  
 If yes, list the medications that are used to control the asthma:

Where is the medication kept?  
             At home      At the Health Office      Self-Carry by the child

Note: Please submit an **Asthma Action Plan\*** that is signed by the child's physician and parent and supply the prescribed medication to the school.

**Diabetes**

Does your child have diabetes?      Yes                  No

Note: Please submit an **Diabetes Action Plan\*** that is signed by the child's physician and parent and supply the prescribed medication and diabetic supplies to the school.

**Seizures**

Does your child have epilepsy/seizures?    Yes                      No

Note: Please submit an **Seizure Action Plan\*** that is signed by the child’s physician and parent and supply the prescribed medication to the school.

**Medication**

Is your child taking medication that may need to be administered at school?    Yes                      No

If yes, what is the name of the medication \_\_\_\_\_

What is it prescribed for \_\_\_\_\_

Submit an **Medication Authorization\*** form that is signed by the parent and the licensed prescriber. Supply the medication to the school in its original container labeled by the pharmacy.

Note: Only medications that are FDA approved can be administered by school personnel

Note: All medication provided to the school must be in its original container that is labeled by the pharmacy. If it is an Over-the-Counter medication, it must be in its original container and not expired. Over-the-counter medication that is administered within the recommended dosage does not require a doctor’s signature.

Note: Secondary level students that are approved to self-carry their medication for allergies or asthma must have a **Contract to Self-Carry Medication\*** on file at the school.

**Vision & Hearing**

Does your child have vision concerns that require corrective lenses?    Yes                      No

Glasses                      Contacts

Does your child have hearing concerns?    Yes                      No

Does your child have any restrictions on physical activity? If yes, please list

**Other**

Does your child have any other medical/health diagnosis that you would like to make us aware of? If yes, please list.

Yes \_\_\_\_\_                      No

\*Any forms that are required by the school may be obtained on the district website or from the school or district office. If you would like an individual meeting with the School Nurse to discuss health concerns or have other health related questions please call the health office at your child’s school.

6/2022

Parent Name (Print) \_\_\_\_\_

Parent Signature \_\_\_\_\_ Date \_\_\_\_\_