



Student Name \_\_\_\_\_

Grade \_\_\_\_\_

### Confidential Annual Student Health Questionnaire (2023-2024)

Check all items that apply:

**Yes No**

\_\_\_\_ Does your child have any severe allergies that require an **Epi-pen**? What is the allergy? \_\_\_\_\_ Where will the Epi-pen(s) be kept?

Office\_\_ ; Classroom\_\_ ; Lunchroom\_\_ ; Cougar Care\_\_ ; Student will carry\_\_

A CURRENT COPY OF THE EPI-PEN MEDICATION FORM MUST BE ON FILE IN SCHOOL OFFICE

\_\_\_\_ Does your child have asthma that requires use of an **Inhaler**? Where will the Inhaler be kept? Office\_\_ ; Student will carry\_\_

A CURRENT COPY OF THE INHALER MEDICATION FORM MUST BE ON FILE IN SCHOOL OFFICE

**Current Health Problems—check all that apply**

**Yes No**

\_\_\_\_ Diagnosed ADD or ADHD

\_\_\_\_ Diabetes

\_\_\_\_ Heart Disease

\_\_\_\_ Bleeding Disorder

\_\_\_\_ Eye disease or vision disorder

\_\_\_\_ Hearing impairment

\_\_\_\_ Orthopedic impairment

\_\_\_\_ Neurologic impairment

\_\_\_\_ Seizure disorder

\_\_\_\_ Allergies (that don't require an epi-pen)

\_\_\_\_ Food intolerance (list)

\_\_\_\_ Other health problem

Please include a brief comment on any "yes" answers:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand the information on this form will be compiled into a confidential medical information list and distributed to appropriate school personnel as needed to provide for the health and safety of my child.

Parent/Guardian Signature \_\_\_\_\_ Date \_\_\_\_\_