

# Tripoli Community School District PK-12

## Health Information

Please complete the following information, **yearly**, to promote and protect the health of students

Name of Student \_\_\_\_\_ Grade \_\_\_\_\_

Allergies and reaction: \_\_\_\_\_

Yes	No	Asthma or Bronchospasms	Yes	No	Diabetes
Yes	No	Heart Problems	Yes	No	Seizures
Yes	No	Blood Pressure Concerns	Yes	No	Migraine headaches
Yes	No	Add or ADHD	Yes	No	Depression
Yes	No	Kidney or Urinary Problems	Yes	No	Anxiety
Yes	No	Hearing Concerns	Yes	No	Stomach or Bowel Concerns
Yes	No	Vision Concerns			

Does your child wear glasses and/or contacts?    Glasses    Contact    Both    Neither

**Comments:**

**Medications, list please.** (please also fill out *Permission for Medication form- blank forms online and elementary office-* if medication needs to be taken during school hours):

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\*\*Please note, the school does not provide **cough drops** and or **ibuprofen** to students. If your child is needing either or please send with child, along with a note allowing your child to consume during school hours.

**I give permission to certified personnel to give non-aspirin pain reliever to my child?**

Yes    No

**Does your child have any health concerns/special needs, not listed above, that you feel would be helpful for the school to know?**

**Please list any new injuries, surgeries, or serious illness and the approximate date in the last year?**

**Do I have your permission to share this information with the appropriate school personnel, if necessary?    Yes    No**

Please read and sign below:

In the event that the parent and/or emergency contacts cannot be contacted, the school officials are hereby authorized to take whatever action is deemed necessary in their judgement for the health of the foresaid child. I will not hold the school district financially responsible for the emergency care and/or transportation for said child.

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Signature of Parent/Guardian

Date

Thank you for your response in helping to update your child's health record!