

**Chadwick-Milledgeville CUSD 399
Annual Health Information Form**

Student Name: _____ Grade: _____

Please complete the **Annual Health Form** for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child **during the school day or at extracurricular activities**. Return this form to your child's school for review by the school nurse.

___ My child does **NOT** have any known health conditions.

___ **My child has the following health conditions:**

___ **Allergies:** If yes, is an EpiPen needed? Yes ___ No ___

___ **Bee/Wasp Sting Allergy**

___ **Food Allergy (include type):** _____

___ **Latex Allergy**

___ **Other Allergy (i.e. indoor, outdoor, pet, medication):** _____

___ **Asthma** If yes, is an inhaler needed at school? Yes ___ No ___

___ **Diabetes**

___ **Seizures** Are emergency meds needed for seizure? Yes ___ No ___

___ **Any other medical concerns (i.e. chronic health conditions or physical disabilities):** _____

Emergency instructions for concerns listed above: **(see page 2 if medications are needed or for other medical or psychological concerns not listed above)**

My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips, and other school activities.

Parent/Guardian Signature

Relationship

Date

(OVER)

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Please list any of your child's other chronic health conditions or psychological disorders that the nurse should be aware of: (i.e. ADD/ADHD, Nosebleeds, Headaches/Migraines etc.).

Does your child receive any medication or treatment for any of the above conditions listed on page 1 or 2?

Yes _____ No _____ If yes, please answer the following:

Type of medication(s) _____

Time(s) given _____

Will it be given at school? _____

*** A medication Authorization form signed by their physician is required for all students who are receiving any medications during the school day.**

I give permission for this form to be shared with appropriate personnel for health and educational purposes.

Signature of parent/guardian

Date

Please feel free to call your child's school to discuss any concerns or questions you may have.