

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: _____

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?

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.**

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