

Hadley Elementary School
Annual Student Health Update Form

Date: _____ Grade: _____

Name of Student _____ M _____ F _____ Date of Birth _____

The following permissions must be answered:
MEDICATION and EMERGENCY PERMISSIONS

1. I give permission to the school nurse to administer Tylenol(acetaminophen) as ordered by the school physician's standing orders in case of illness. Yes _____ No _____
2. If the parents or guardians are unable to be reached in an emergency, I give the Hadley Elementary School permission to transport my child to the nearest medical facility via ambulance and to call my child's physician and to follow his/her orders. Yes _____ No _____
3. I give the school nurse permission to release information to my child's teachers on a need to know basis regarding his/her status and treatment regarding asthma, allergies, hearing or vision if it may impact their health and ability to learn in school. Yes _____ No _____

Parent's Signature _____ **Date:** _____

Please take a moment to provide the school nurse with all the necessary health information that will allow her to provide prompt quality care to your child and help your child maximize his/her academic potential in the classroom. This information is strictly confidential unless the nurse has specific permission to discuss a situation with your child's teachers.

1. Does your child have health insurance? Yes _____ No _____ Name of Insurance: _____
2. Does your child have a physician? Yes _____ No _____ Name: _____
3. Has your child had a physical exam in the last 12 months? Yes _____ No _____ Date of last P.E. _____
4. Does your child have a dentist? Yes _____ No _____ Name : _____
5. Has your child had a dental exam in the last 6 months? Yes _____ No _____ Date of last dental exam : _____

If you answered NO, would you like information on possible resources sent to you? Yes _____ No _____

Does your child have any of the following health problems or behavior issues or concerns?

| | | | |
|--------------------------|-----|----|---|
| <u>Allergies:</u> | Yes | No | Please list: _____ Please describe child's reaction: _____ EpiPen ordered? Yes No |
| <u>Asthma</u> | Yes | No | If on medications, please list: _____ |
| <u>Diabetes</u> | Yes | No | If on medications, please list: _____ |
| <u>Seizures</u> | Yes | No | If on medications, please list: _____ |
| <u>Bleeding Problems</u> | Yes | No | Please explain: _____ |

Does your child have any of the following health problems?

| | | | |
|-----------------------------|-----|----|---|
| <u>Allergies:</u> | Yes | No | Please list: _____ Please describe child's reaction: _____ |
| | | | _____ |
| <u>Asthma</u> | Yes | No | ordered? Yes No If on medications, please list: _____ |
| <u>Diabetes</u> | Yes | No | If on medications, please list: _____ |
| <u>Seizures</u> | Yes | No | If on medications, please list: _____ |
| <u>Bleeding Problems</u> | Yes | No | Please explain: _____ |
| <u>Eye/Vision Problems</u> | Yes | No | Wears Glasses/Contacts Yes No For reading books ____ For seeing distance ____ Both ____ |
| <u>Ear/Hearing Problems</u> | Yes | No | Right ear ____ Left ear ____ Both ____ Please explain: _____ |

Epi-Pen

Any other current or past health problems? Yes No For example. frequent stomachaches, headaches, constipation, kidney problems, lactose intolerance, skin problems, foot or knee problems, cardiac condition, weight concerns, dietary concerns, broken bones or sprains ? Please explain:

Has your child had any recent surgeries? Yes No Please list: _____

Is your child taking **any** medication on a regular basis? Yes No
Name of medication(s): _____

Reason for use: _____

May the above health information be shared with appropriate school staff? Yes No
If only certain information can be shared, please list:

I give permission for the school nurse to communicate with my child's health care provider regarding pertinent health information.
Yes No

Please place update form in an envelope (for confidentiality) and address it to the school nurse and return it to your child's teacher as soon as possible. Thank You!

Signature of Parent/Guardian _____ Date _____