



Schoolcraft Student Health Update - Year 2006-07

Student's Name: _____
First Name Initial Last Name

Birthdate: ____/____/____
Month Day Year

Parent/Guardian to contact about health concerns: _____ Daytime Phone: _____

*The purpose of this form is to gather information regarding any changes in your child's health information since the initial health form was completed. This form will be reviewed by the school's nurse. Information on this form will be shared on a "need to know" basis with faculty and staff. No medications will be given at school without a signed note from the parent and the prescribing physician. **By state law, rescue inhalers for the treatment of asthma may be carried by the student only after receipt of the above information and a student demonstration of proper technique to the school nurse.***

Update Our Information About Your Child's Health

Circle yes or no to the following and comment on all "Yes" answers.

Is your child currently seeing a physician for a condition other than routine well child care? Yes No

Does your child have any muscular or skeletal concerns that impact full participation? Yes No

Has your child had any operations in the last year? Yes No

Does your child have asthma? Yes No
If so, and there are changes to last year's management plan, please call the nurse at (218) 556-7841.

Does your child have diabetes? Yes No

Does your child have any hearing and/or vision concerns? Yes No

Has your child been diagnosed with Attention Deficit Disorder (ADD) or AD/HD? Yes No

Does your child have a psychiatric diagnosis such as depression, OCD, panic/anxiety, or Tourette Syndrome? Yes No

Is your child currently seeing a professional to address mental/emotional health concerns? Yes No

Does your child have any life threatening allergies to:
A. Food Yes No
B. Medicines Yes No
C. Insect stings/bites Yes No
D. Other Yes No

Has there been a change in your child's dietary status from last year? Yes No

List the medication(s) your child takes on a daily routine basis:

List any immunizations/dates received since September 2005:

Provide additional information regarding each "Yes" answer from above and/or any information that may have been neglected on this form:

Parent/Guardian Authorization about Health Care

This health information is current and truthful based on my knowledge of the student it describes. The student has my permission to participate in all school activities except as noted on this form. If I cannot be reached in an emergency, I give my permission for the School to seek medical assistance and for that physician to provide care for my child. This form may be photocopied.

Print your name: _____

Sign your name: _____

Date: _____