



ANNUAL STUDENT HEALTH INFORMATION
(to be completed by Parent/Guardian)

*THIS FORM IS TO BE COMPLETED YEARLY TO UPDATE EACH STUDENT'S HEALTH RECORD AND SO THAT HE OR SHE MAY PARTICIPATE IN PHYSICAL EDUCATION CLASSES. THIS INFORMATION WILL BE SHARED WITH STAFF ON A NEED TO KNOW BASIS.

School: _____ Grade: _____ Teacher: _____

Student Name: _____ Date of Birth: _____ M ___ F ___
(Last) (First)

Primary Parent/Guardian's Last Name: _____ First Name: _____

Phone (C): _____ (W): _____ (H): _____

Primary Parent Email Address: _____ Parent Portal User: Yes ___ No ___

Primary Parent/Guardian's Spouse: Last Name: _____ First Name: _____

Phone (C): _____ (W): _____ (H): _____

List two people who will assume responsibility for your child and who can provide transportation:

Name: _____ Relationship: _____

Phone: (C): _____ (H): _____ (W): _____

Name: _____ Relationship: _____

Phone: (C): _____ (H): _____ (W): _____

Day Care/Baby Sitter: _____ Phone: _____

Doctor's Name: _____ Phone: _____ Date of Last Exam: _____

Dentist's Name: _____ Phone: _____

Specialist's Name: _____ Phone: _____

Insurance Provider: Private: _____ MC+ _____ Medicaid _____

HISTORY/MEDICAL DIAGNOSES - PLEASE CHECK ALL THAT APPLY

[] Asthma [] Diabetes [] ADHD [] Autism [] Seizure Disorder [] Heart/Lung

[] Food Allergies; specify & indicate severity/reaction: _____

[] Other Allergies: _____

[] Hearing Loss/Aides [] Glasses/Contacts [] Mobility Issues/Concerns (explain below)

[] Physical Education Limitations (specify): _____ *If yes provide written verification

[] Emotional/Behavioral Health (specify): _____

[] Other Health Concerns: _____

Comments/Nursing Care requested at school: _____

*Any medications to be administered at school requires the completion of additional district medication distribution forms. With written authorization from parents and physicians, lifesaving and emergency medications may be carried by student. (ex: Asthma Inhalers, Epi Pens, Diabetic supplies. This applies to Middle & High School students only.). Medication forms may be found on the district website or on Peachiar.

EMERGENCY CARE PROCEDURE: In the event of a serious illness, a parent/guardian is contacted immediately, if possible and if necessary, paramedics are also called to provide on-site emergency care. If the hospital physician who monitors the child's condition determines that the situation warrants immediate action, he/she will direct the paramedics to take the child to the most appropriate hospital for stabilization and care. *Parents are responsible for any expenses incurred for care while at the hospital as well as the ambulance transfer.

Date: _____ Parent/Guardian Signature: _____ Address: _____