



Student Health Information Annual Update

Student Name:	2017-2018 School Year
Grade:	St. Mary's School

Last Dental Exam: _____/_____ (month/year)

_____ My child has no special health needs

Please indicate if any of the following conditions are relevant for your child. Provide additional information for the following conditions on the space provided below.

_____ **Allergies:**

1. To what? _____

2. Is Epipen (epinephrine injector) prescribed for this allergy? Yes _____ No _____

3. How does child react to this allergy? _____

_____ Are special meals needed from school hot lunch program due to allergies/medical condition?

If Yes—see the hot lunch coordinator.

_____ Is a separate lunch table needed from school hot lunch program due to nut allergies? **If**

Yes—see the hot lunch coordinator.

_____ **Asthma/RAD—is an inhaler or nebulizer prescribed? ___Yes___NO**

If yes, does it need to be administered before exercise (PE/recess)? ___Yes___NO

_____ ADD/ADHD

_____ Diabetes-Type _____

_____ Hearing-does your child require preferential seating? _____ wear a hearing aid? _____

_____ Heart problems-Specify diagnosis & **any restrictions**?** _____

_____ ****Medications to be taken at school?** _____

_____ Seizures-please specify diagnosis & dates* _____Restrictions? _____

_____ Vision-does your child wear glasses? _____ contact lenses? _____

Color vision deficiency "color blind" _____

_____ Concussion? Date: _____Restrictions? _____

_____ Other: _____

*Action plans (signed by a physician & parent) are requested for the following health conditions: asthma, diabetes, seizures & severe allergies.

I give St. Mary's School permission to forward health information on a need-to-know basis to appropriate school staff and/or Emergency Medical Services.

Parent/Guardian Signature: _____

Date: _____

**Medication Information

If your child needs to take any medication while at school, a permission form is required. All medication must be labeled with the student's name and be in the original container with the manufacturer's directions legible. This includes pharmacy label for prescription medication. **Any medication must be accompanied by a medication authorization form signed by the parent and physician. This includes over the counter and prescription medication.** No expired medications will be accepted at the school. Please refer to your school handbook for further information.