CHI HEALTH
SCHOOL HEALTH PROGRAM

Student Health Information Annual Update

Student Name:	2016-2017 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 allergies/medical condition? **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: ____

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*Action plans (signed by a physician & parent) are requested for the following heath 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.