



Annual Health Information Update 2020-2021

Student Name: _____ Date of Birth: _____ Grade: _____

Dear Parent/Guardian:

It is very important to keep the School Health Office aware of any health concerns that **OCCUR or CHANGE** during the school year. If there have been any new concerns or changes in your child's health please complete this Annual Health Information Update form. Please include any life threatening health problems or serious medical conditions that could pose a risk for your child during the school day or at extra-curricular activities. Return this form to your child's school for review by the school nurse.

_____ My child has **NOT** had any **NEW or CHANGED** health concerns.

_____ My child **HAS** the following **NEW or CHANGED** health concerns: (Please include any emergency instructions)

_____ **Severe Allergies** (please list):

_____ Bee Sting Allergy

_____ Food Allergy (include type):

_____ Latex Allergy

_____ Other Allergy (please list):

_____ Asthma

_____ Diabetes

_____ Seizures (include type):

_____ Vision or Hearing Changes (please list):

Other: _____

My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips and other school activities. If medications are needed to be given to your child during school hours, and one has not yet been completed, please fill out and turn in a Medication Authorization Form located at front desk or nurse's office.

Parent/Guardian _____ Date _____

School Health Nurse _____ Date _____