Please complete this form and return it along with the Annual Physical Evaluation forms to the nurse’s office by August 1st.

Student Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Grade\_\_\_\_\_\_\_\_\_\_\_\_\_

Does your child have any allergies? \_\_\_\_\_NO \_\_\_\_\_YES (if yes, please provide an allergy action plan)

My child is allergic to:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

History of Anaphylaxis? \_\_\_\_\_NO \_\_\_\_\_YES

Does your child have asthma? \_\_\_\_\_\_NO \_\_\_\_\_\_YES (if yes, please provide an asthma action plan)

Does your child have diabetes? \_\_\_\_\_\_\_\_NO \_\_\_\_\_\_YES (if yes, please provide a diabetes care plan)

Does your child have epilepsy/seizures? \_\_\_\_\_NO \_\_\_\_\_YES (if yes, please provide a seizure action plan along with any emergency medication)

Has your child ever had a concussion? \_\_\_\_\_NO \_\_\_\_\_YES

Is there any other health/medical concerns the nurse should be aware of? (If yes please indicate):\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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***10th and 12th grade only:*** Do you give consent for the school nurse to perform a scoliosis screening?\_\_\_\_\_yes \_\_\_\_\_No

Does your child require daily medication at school? \_\_\_\_\_NO \_\_\_\_\_YES (State law requires written authorization from a doctor and parent before any medication, prescription or over-the counter, can be given at school.)

Please note that health information may be shared with staff on a “need to know basis”, to ensure the safety and well-being of your child.

**\***If any changes in your child’s health should occur after completing this form, please contact the nurse’s office to update your child’s information.

Parent’s Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Thank you,

Patricia Falconite RN Denise Bailey RN Colleen Straine RN