

Student Health Information (Complete & Return) YR 2012-2013

Please complete a health update for your child every year.

Student's Name

Grade

Phone Number

Are you new to Peotone CUSD 207-U this year? Yes_____ No_____

Does your child currently receive: _____Speech _____O.T. _____Social Work

Chronic Health Conditions:

Asthma _____	OCD _____	Depression _____
Seizure Disorder _____	ODD _____	Anxiety _____
Diabetes _____	ADD _____	Heart Condition _____
Skin Condition _____	ADHD _____	Bladder Condition _____

Vision and Hearing:

Does your child wear glasses? _____ Does your child wear contact lenses? _____

Does your child have frequent ear infections? _____ Does your child have tubes? _____

Does your child have a known hearing loss? _____ Does your child have hearing aids? _____

Does your child have any allergies to:

Medication: _____

Yes/No

What type of medication

Bee Stings _____

Yes/No

How severe / requires epi-pen

Insect Bites _____

Yes/No

Symptoms of bites

Food _____

Yes/No

Please specify what type of food

Specify type of reaction to food & medical response needed

Other: _____

Does your child take medication on a daily basis: Yes_____ No_____

Name and dosage of medication _____

Please be specific, correct spelling, update each change

Other health concerns: _____

If your child does not have any medical concerns, please check the line below.

MY CHILD HAS NO MEDICAL CONCERNS: Yes_____

I would like my child to participate in the weekly fluoride mouth rinse program offered to 1st thru 4th grades:

Yes_____ or No_____

- I understand that routine head lice checks are performed during the year.
- I understand that routine vision and hearing screenings are performed during the year according to State guidelines.

Please notify the school nurse if there are any changes in your child's health during the school year. Information on this form will be available for your child's teacher to review. All medication must be brought to the office by a parent/guardian. A medication consent form is required to be completed by your physician and approved by the school nurse. The school does not provide any medications. This includes epi-pens and inhalers.

Parent / Guardian Signature

Date

