

Unified School District #506 Annual Health Information Update

Student's Name: _____

Grade: _____

School: Labette County High School

School Year: 20____-20____

Does the student currently have or had in the past year, any of the following conditions, which may affect their performance in school?

	YES	NO
ADHD / ADD		
Anemia (includes Sickle Cell)		
Asthma		
Birth Defect		
Blood / Bleeding Disorder		
Cancer / Leukemia		
Cerebral Palsy		
Cystic Fibrosis		
Diabetes		

	YES	NO
Headaches / Migraines		
Hearing Problems / Correction		
Heart Conditions / Murmur		
Kidney / Urinary Problems		
Muscle / Bone Problem		
Seizures / Convulsions		
Sore Throat / Tonsillitis		
Vision Problem		
Wear Glasses		

Please write a brief description for any "Yes" answers. Be sure to include dates of last health event. (Example: date of last asthma attack or last seizure). Use the back of this page if necessary.

Is there any reason that your child's activity should be restricted? (Doctor's note required) YES NO

Does your child require a special diet? (Doctor's note required) YES NO

Allergic to:

Type of Reaction: (circle)

Emergency Care: (circle)

Food _____ Breathing problems/Rash-Hives/Swelling/Vomiting
 Medicine _____ Breathing problems/Rash-Hives/Swelling/Vomiting
 Insect Bites/Stings _____ Breathing problems/Rash-Hives/Swelling/Vomiting
 Other _____ Breathing problems/Rash-Hives/Swelling/Vomiting

ER/EpiPen/Other
 ER/EpiPen
 ER/EpiPen
 ER/EpiPen

Please explain Emergency Care if marked "other."

List all the medications your child takes on a regular basis and the reason:

CONTACT THE SECRETARY TO MAKE ARRANGEMENTS FOR ANY MEDICATIONS TO BE GIVEN AT SCHOOL.

There may be occasions on which we need to contact your physician or dentist for health information. If you agree to allow such contact, please sign below.

Parent/Guardian Signature: _____ Date: _____