

Student: _____ Grade: _____ Teacher: _____

MSAD 53 Warsaw * Vickery * Manson Park
ANNUAL HEALTH UPDATE

Please complete the following information and return it to school. This information is confidential and will assist school personnel in meeting the health needs of your child.

Current Medications: Please include all medications your child is taking. Please contact the school nurse if your child will require prescription medication during the school day and see the School Handbook for this policy.

MEDICATION	DOSE	REASON

Health History: Please list any health conditions or concerns about your child. Please do not assume we already have the information. Please include any concussion history, hospitalizations, mental health concerns, emergency care, broken bones, or illnesses.

Please check the following information as it applies to your child:

Vision: My child wears glasses or contacts: YES _____ NO _____

Please list any vision needs at school. _____

Hearing: My child wears hearing aids or other hearing devices. YES _____ NO _____

Please list any hearing needs at school. _____

Asthma: ** My child uses an inhaler: YES _____ NO _____

My child will need their inhaler at school: YES _____ NO _____

Allergies: ** My child is allergic to _____

My child has an EpiPen: YES _____ NO _____

Seizures: My child has a seizure disorder: YES _____ NO _____

My child takes medication for seizures: YES _____ NO _____

**All students with life-threatening allergies or asthma must have an annual doctor's order and parent permission on file for emergency medications, as well as a care plan. Please contact the school nurse for these forms. These forms can also be found on the district website.