# Trinity Lutheran Preschool
# Annual Student Health Information 2024-25

In order to better meet your child's health needs at school, please circle the appropriate number if your child has been medically diagnosed with any of the following conditions, and write a brief explanation in the space provided below.

Name: _____ Sex: _____ Birthdate: _____ Grade: _____

| Circle appropriate number(s) | | Circle appropriate number(s) | |
|---|---|---|---|
| 01 | No Known Health Problems | 11 | Ear / Hearing Problems |
| 02 | ADD / ADHD | 12 | Eye / Vision Problems |
| 03 | Allergy-Animals (list below) | 13 | Head Injury |
| 04 | Allergy-Bee Sting (requires medication) | 14 | Headaches (frequent / severe) |
| 05 | Allergy-Food (list below) | 15 | Heart Condition |
| 06 | Allergy-Latex | 16 | Nose Bleeds (frequent) |
| 07 | Asthma - mild | 17 | Orthopedic Condition |
| 08 | Asthma-(needs medication at school) | 18 | Seizures |
| 09 | Blood Disorder | 19 | Other (list below) |
| 10 | Diabetes | 20 | Recent Hospitalization or Surgery (list below) |

Explain:

_____

_____

_____

| Circle appropriate answers | | |
|---|---|---|
| Yes | No | Medications Needed at School: |
| Yes | No | Physical Activity Limitations: |
| Yes | No | Special Dietary Limitations: |
| Yes | No | Medical Procedure Needed at School: |

***Note**: Physician orders (see below) are <u>required</u> for all medications (prescription and over-the-counter), special diet, procedures, and activity restrictions*

******Be sure to inform 4.0 Bus company (formerly Stier Bus)of any of this information you feel necessary for them to know. 952-873-2362***

**At the discretion of the school nurse, the above circled health information can be shared with appropriate school personnel**.

Parent/Guardian signature: _____ Date: _____

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## Physician Findings/Orders – <u>Provider's signature required.</u>

Significant Findings, Limitations, Medications or Dietary Needs _____

_____

_____

Healthcare Provider Name: _____Clinic: _____

Healthcare Provider Signature: _____ Date: _____