

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 required 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: _____

Physician Findings/Orders – Provider's signature required.

Significant Findings, Limitations, Medications or Dietary Needs _____

Healthcare Provider Name: _____ Clinic: _____

Healthcare Provider Signature: _____ Date: _____