

In an effort to update the school health concerns list, we are asking you to provide us with current health information of your child. The information we are requesting should include any life threatening health problems or serious medical conditions. Please review and complete the information requested.

_____ My child does **not** have any health problems.

_____ My child has one or more of the following health problems (please check all that apply):

_____ Diabetes

_____ Seizures

_____ Cardiac conditions with activity limitations

_____ Asthma Medications used: _____

_____ Life-threatening allergies, i.e. bees, foods, nuts, etc. Please specify: _____

Does your child carry an epipen? _____ Yes _____ No

If so, does your child need help in administering injection? _____ Yes _____ No

_____ Other serious medical conditions, please specify: _____

Medications being taken, please specify: _____

Comments: _____

It is encouraged that, if your child has a serious health concern, he/she should wear a medic-alert bracelet. You can 1-800-432-5378 to get more information.

I understand that the information I have given regarding my child's health condition will be available to school staff in an effort to provide emergency care should the need arise.

Parent/Guardian signature: _____ **Date:** _____