



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:** \_\_\_\_\_