

**WATERTOWN SCHOOL DISTRICT #14-4  
ANNUAL STUDENT HEALTH UPDATE**

Student Name: \_\_\_\_\_ Grade \_\_\_\_\_

**Current Medications**

Name of Medication	Dose	Time(s)

**Medical Conditions**

*Please check the box and provide answers to any condition your child has*

- Diabetes:** (Please circle which type)    Type 1        Type 2
  
- Food Allergy/Intolerance:** (List Foods): \_\_\_\_\_  
*Is it life threatening? Yes / No    Does your child have an Epi Pen? Yes / No    Will he/she have one at school? Yes / No*  
*Dietary restrictions necessary? Yes / No*
  
- Bee/Wasp Sting Allergy**  
*Is it life threatening? Yes / No    Does your child have an Epi Pen? Yes / No    Will he/she have one at school? Yes / No*
  
- Seizures**  
*What type of seizures? \_\_\_\_\_*  
*Will your child have emergency medication at school to treat seizures? Yes / No*  
*Name/dose of emergency medication: \_\_\_\_\_*
  
- Asthma or Reactive Airway Disease**  
*Does your child use a rescue inhaler? Yes / No                      Will he/she have one at school? Yes / No*
  
- Heart Condition** (Please list): \_\_\_\_\_  
*List any physical restrictions: \_\_\_\_\_*
  
- ADD or ADHD** (Circle which one)
  
- Psychological Disorder**  
*Please list disorder: \_\_\_\_\_*
  
- Migraine Headaches**
  
- Blood Disorder** (List condition): \_\_\_\_\_
  
- Other** (List condition): \_\_\_\_\_

**Does your child have any illnesses or conditions not listed above?** Yes / No  
*If yes, please explain:* \_\_\_\_\_  
\_\_\_\_\_

**(Please complete other side) →**

Child's Physician: \_\_\_\_\_

Does your child wear glasses or contacts? Yes / No

Does your child wear a hearing aid(s)? Yes / No

.....  
**WMS and WHS ONLY:**

\_\_\_\_\_ I authorize the School Nurse or Trained Staff Member to administer as needed, age appropriate dose of over the counter analgesics (Tylenol/Motrin), antacids and cough drops. It may be administered at the discretion of the School Nurse or Trained Staff Member.  
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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Cell/Home Number: \_\_\_\_\_ Work: \_\_\_\_\_