

Morrison Community District #6
Annual Health Information Form

Student Name: _____ Date of Birth: _____

School: _____ Grade: _____

Please complete the **Annual Health Form** for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child **during the school day or at extracurricular activities**. Return this form to your child's school for review by the school nurse.

____ My child does **NOT** have any known health conditions.

____ My child has the following health conditions:

____ **Allergies:** If yes, is an EpiPen needed? Yes _____ No _____

____ **Bee/Wasp Sting Allergy**

____ **Food Allergy (include type):** _____

____ **Latex Allergy**

____ **Other Allergy (i.e. indoor, outdoor, pet, medication):** _____

____ **Asthma** If yes, is an inhaler needed at school? Yes _____ No _____

____ **Diabetes**

____ **Seizures** Are emergency meds needed for seizure? Yes _____ No _____

____ **Any other medical concerns (i.e. chronic health conditions or physical disabilities):**

Emergency instructions for concerns listed above: (see page 2 if medications are needed or for other medical or psychological concerns not listed above)

My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips, and other school activities.

(Parent/Guardian Signature)

(Relationship)

(Date)

Morrison Community District #6
Annual Health Information Form

Please list any of your child's other chronic health conditions or psychological disorders that the nurse should be aware of: (i.e. ADD/ADHD, Nosebleeds, Headaches/Migraines etc). _____

Does your child receive any medication or treatment for any of the above conditions listed on page 1 or 2?

Yes _____ No _____ If yes, please answer the following:

Type of medication(s) _____

Time(s) given _____

Will it be given at school? _____

*** A medication Authorization form is required for all students who are receiving medications during the school day.**

I give permission for this form to be shared with appropriate personnel for health and educational purposes.

Signature of parent/guardian

Date

Please feel free to call your child's school to discuss any concerns or questions you may have.

Northside..... 815-772-2153

Jr High.....815-772-7264

Southside..... 815-722-2183

High School.....815-772-4071