



Mora Public Schools Yearly Health Form

The following information will be used to update your child's health record

Student Name: _____ Birthdate: ____/____/____ Grade: ____
Last First

Please review the following information and update as necessary:

Current Health Diagnosis/Conditions:

**If your student has asthma, diabetes, seizures, and/or any other medical condition, please provide an action plan from your medical provider.

List any food, medicine, or environmental substances your student is ALLERGIC to:

**If an epi-pen is required, please provide an allergy action plan from your medical provider along with a signed medication administration form.

**If food substitutions are needed, please provide a special diet statement form.

List any medications that will be need to be given during the school day:

**If medicine is to be given, please provide a medication administration form signed by your medical provider. Our medication policy can be found on the district website.

<u>Medication Name</u>	<u>Purpose</u>
_____	_____
_____	_____
_____	_____

List any other accommodations that are needed within the classroom setting:

Immunizations are required by law to attend school.

Please provide documentation of all immunizations given in the past year.

If you object to required immunizations, a notarized objection form needs to be on file in the health office.

All forms that may be required for your student can be found on our district website.

I request that pertinent health information regarding the above named student be shared with appropriate school personnel at the discretion of the nurse.

Parent/Guardian Signature

Please Print Name

Date