

VAS Annual Health Information Update 2023-2024

Student Name: _____ D.O.B.: _____ Grade: _____

Dear Parent/Guardian:

Please complete the Annual Health Information Update for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child during the day or at extra-curricular activities. Return this form to your child's school for review by the school nurse. You may be asked to complete additional forms and emergency action plans if needed. **If your child requires medication during the school day for any of the below conditions, please complete a medication form per school policy.**

_____ **My child does NOT have** any known health conditions or concerns

My child has the following health conditions/concerns:

ALLERGIES (*Fill out Allergy Action Plan*)

LIFE THREATENING Allergy: _____

Type of reaction/Treatment: _____

Epi-Pen given to school YES/NO (circle)

Epi-Pen carried in backpack YES/NO (circle)

Bee Sting Allergy: Reaction/Treatment: _____

Epi-Pen given to school YES/NO (circle)

Epi-Pen carried in backpack YES/NO (circle)

Food Allergy: _____

Type of reaction/Treatment: _____

Other Allergies: _____

Type of reaction/Treatment: _____

Food Intolerance: _____

Type of reaction/Treatment: _____

Asthma: Triggers: _____

(*Fill out Asthma Action Plan*)

Inhaler given to school YES NO (circle)

Inhaler in backpack/carried by student YES NO (circle)

Diabetes: Type: _____ On Insulin: YES/NO (circle) Insulin Type: Syringe/Pump/Pen (circle)

(*Fill out Diabetes Action Plan*)

Meter/emergency supplies given to school YES NO (circle)

Meter/emergency supplies carried by student YES NO (circle)

Seizures: Type/Description: _____

(*Fill out Seizure Action Plan*)

Treatment: _____

On Medication YES/NO (circle)

Emergency Medication at School YES/NO (Circle)

ADD / ADHD (circle) _____

On Medication YES/NO (circle)

Anxiety / Depression (circle) _____

On Medication YES/NO (circle)

Other Health Conditions or Concerns: _____

Name of Guardian Completing form: _____

Signature: _____ Date: _____

Office Use Only

Action Plan Needed? Y/N

Action Plan Received? Y/N