CARMI-WHITE COUNTY C.U.S.D. #5 ANNUAL HEALTH INFORMATION FORM ALL GRADES: EVERY STUDENT, EVERY YEAR

Student's Last Name	First Name	Date of Birth	Grade Level
Physician's Nam	ne .		
theck () the box if your child has <u>no</u> histor			
No history of medical problems, illness	or allergies. Immunization Exemp	t lives live iviay share	with IDPH _Yes _
Check () the box(es) if your child has a hist	ory of any medical problems &/or illi	ness.	•
□Asthma: Triggered by:		es □No Uses Nebulizer □Y	'es □No
	Severity: □Mild/	Intermitten □Moderate o	⊒Severe
□Seizures: Date of last:	Has your child be	en prescribed Diastat? □Yes	□No
	Type: □Grand M	al □Petit Mal □Partial Co	mplex
□Diabetes: Age Diagnosed:	Requires Carb Co	unting □Yes □No Takes	Insulin □Yes □No
A pla	n of care must be in place – contact t	the district nurse.	
□Frequent Ear Infection: Tubes □Yes	□No	2120	
□Hearing Problems: Hearing Aids □Yes	□No		
□Vision Problems: Wears Glasses □Yes	□No Wears Contacts □Yes	□No	
□Skin Disorders: □Eczema □Psoriasis	Other:		
□Has your child had chicken pox: □Yes	□No		
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add/adhd	□In counseling: List physician's na		
□Anxiety/Panic/Emotional Disorder	□Cerebral Palsy	□Speech Problems	
□Autism / Aspergers	□Frequent Strep Throat	□Stomach / Bowel Disorders	
∃Bleeding Disorders	□Headaches / Migraines	□Other:	
Braces / Dental Appliances	□Kidney / Urinary Disorders		
Check () the box(es) if your child has a hist	ory of any allergies.		
Allergy: Please List:	Reaction:		
□Latex	Difficulty Breathing	□Rash □Other:	
	□Difficulty Breathing	□Rash □Other:	
	-Difficulty Dynasthing	□Rash □Other:	•
Insect Stings	DISSE IN D. ALL	□Rash □Other:	
⊐Animals	-Difficulty Depathing	□Rash □Other:	
□Other	□Difficulty Breathing	□Rash □Other:	
Has your child been prescribed an EpiPen:	□Yes □No		
	quired from the doctor for any allerg	y restrictions at school.	
Please list any medication your child is cur			
Name of Medication:	Reason for Taking:		mergency
1.	1.		
2	2.		
3.	3.		
f your child has a serious illness/allergy th			
A medication authorization form must be			
consent that information on this form ma			

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