



Zion Lutheran School

Christ-Centered, Classical Education

2023-2024 ANNUAL STUDENT HEALTH UPDATE

Please complete, sign and return to school.

Child's Name _____
 Grade _____ Teacher _____
 Parent Name _____
 Phone (Home) _____
 (Work) _____
 Physician _____
 Dentist _____ Date of last exam _____
 Vision Specialist _____ Date of last exam _____
 Allergies _____

Any life threatening bee sting allergies or food allergies requires a written note from your child's physician with specific instructions for school.

Does your child have any of the following?

Asthma	Yes	No
Heart Conditions	Yes	No
Cerebral Palsy	Yes	No
Hepatitis	Yes	No
Diabetes	Yes	No
Epilepsy	Yes	No
Kidney Problems	Yes	No
Ear Infections	Yes	No
Orthopedic concerns	Yes	No
Emotions concerns	Yes	No

If you answered yes to any of the above, please provide more information about the current problems and management:

This form is required for all students returning to school.

Has your child had a recent injury or illness that might limit him/her in school?

Has your child had any surgeries this past year?

Yes No

If yes, please list:

Has your child ever had ear tubes?

Yes No

Are they still in place Yes No

Does your child have any hearing or vision concerns?

Yes No

If yes, please provide more information

Please list any medication you child will be taking:

At Home

At School

You will be required to complete a medication permission form for your child to take any medication at school. This will be completed for all new medications and each time there is a change in dosage, time, or administration. Medication must be brought in the original labeled container.

Please fill in the name of your child and sign if you agree to the following:

I, as a parent or guardian of _____, give my consent for the School Nurse to contact school staff, who have an "educational need to know", regarding the health status of my child. I understand that all information will be kept confidential

Signature of parent or guardian

Signature of Parent/Guardian _____ Date _____