

Health Information Form 2023-2024  
School District of Bangor

<b>Student Name:</b>	<b>Date of Birth:</b>	<b>Grade:</b>
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Please complete the Annual Health Information for your child and sign below, even if no health needs exist. Include any health concerns that pose a risk for your child during the **school day or at extra-curricular activities**. Return this form to your child's school for review by the school nurse.

\_\_\_\_\_ My child does **NOT** have any known health concerns.

**Has your child been diagnosed with any of the following conditions by a Healthcare Provider? Check all that apply. Include/attach any emergency instructions.**

_____ ADD/ADHD	_____ Emotional/Behavioral/Psych.	_____ Heart Condition
_____ Asthma	_____ Headaches/Migraines	_____ Epilepsy/Seizures
_____ Diabetes	_____ Orthopedic	_____ Other:

Details/Specifics regarding condition:

**Allergies**

Does your child require emergency epinephrine? \_\_\_\_\_ Yes \_\_\_\_\_ No

Does your child require oral antihistamine? \_\_\_\_\_ Yes \_\_\_\_\_ No

Food:

Insect:

Seasonal:

Other:

**Is your child currently taking any medications? \_\_\_\_\_ Yes \_\_\_\_\_ No**

**Medication(s):** \_\_\_\_\_

*If medication is to be given at school a **School Medication and Procedure Authorization Form** is required*

**Other Medical Problems/Surgeries/Health Information:**

**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

Updated 5/2023