WATERTOWN SCHOOL DISTRICT #14-4
ANNUAL STUDENT HEALTH UPDATE

Student Name: ____ **Grade** ___________

Current Medications	Dose	Time(s)

Medical Conditions

Please check the box and provide answers to any condition your child has

☐ **Diabetes**

☐ **Food Allergy/Intolerance:** (List Foods): ____
Is the allergy life threatening? Yes / No *Are dietary restrictions necessary? Yes / No*
Does your child have an Epi Pen? Yes / No *Will you provide an Epi Pen to keep at school? Yes / No*

☐ **Bee/Wasp Sting Allergy**
Is it life threatening? Yes / No
Does your child have an Epi Pen? Yes / No
Will you provide an Epi Pen to keep at school? Yes / No

☐ **Seizures**
What type of seizures? ____
Will your child have emergency medication at school? Yes / No
Name/Dose of emergency medication: ____

☐ **Asthma or Reactive Airway Disease**
Does your child use a rescue inhaler? Yes / No
Will you provide an inhaler to be kept at school? Yes / No

☐ **ADHD or ADD**
☐ **Depression**
☐ **Anxiety**
☐ **Other mental health condition:** ____

☐ **Migraine Headaches**

☐ **Blood Disorder** *(List condition)*: ____

☐ **Heart Condition** (List condition): ____
List any physical restrictions: ____

☐ **Other Medical Condition** *(List condition)*: ____

Does your child have any medical concerns or conditions not listed above? Yes / No
If yes, please explain: ____

(Please complete other side) ➔

Child's Physician: ____

Does your child wear glasses or contacts? Yes / No

Does your child wear a hearing aid(s)? Yes / No

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WMS and WHS ONLY- Over The Counter Medication Authorization

_____ I authorize the School Nurse or Trained Staff Member to administer an age appropriate dose of Tylenol, (acetaminophen), Motrin (ibuprofen) and antacids on an occasional, as needed basis. The medication will be administered at the discretion of the School Nurse or Trained Staff Member.

The School Nurse reserves the right to require the parent /guardian to provide medication and/or a doctor's order for any student who is frequently requesting medication.

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Parent/Guardian Signature: ____ **Date:** ________________