

SCHOOL DISTRICT OF MONDOVI
ANNUAL HEALTH UPDATE 2016-2017

IF THERE ARE NO HEALTH CHANGES, PROBLEMS, OR CONCERNS,
IT IS NOT NECESSARY TO COMPLETE THIS FORM.

Name _____ Birthdate _____ Grade _____

Parent or Guardian _____

Physician _____

Allergies (e.g.; food, bee sting, medications) _____

Allergy reaction (rash, etc.) _____

Treatment for reaction, if any: (Benadryl, epi-pen, etc.) _____

Within the past year has your child had any serious illness, accident/injury, or surgery? _____ Yes _____ No

Comments: _____

Is your child taking any medication at the present time? _____ Yes _____ No If yes, please state the medication and reason for taking:

Please list any unusual condition, health habits, or problems experienced by your child that you feel the school should be aware of:

Please circle if any of the following apply and explain at the bottom in the comment section if applicable.

Allergies	Asthma	Hearing Problem
Bladder/Kidney Problems	Muscular Disorder	Diabetes
Bone/Joint Disorder	Ear Infections – frequent	Headaches
Seizures/Convulsive Disorder	Cardiac/Heart Problem	Skin Disorder

Comments: _____

Physical activity restrictions: _____

AUTHORIZATION: Permission is hereby granted for the release of this information to the appropriate health care providers and/or school staff when needed for school, health, and/or safety reasons.

Date _____ Parent/Guardian Signature _____

