

SCHOOL DISTRICT OF MONDOVI
ANNUAL HEALTH UPDATE 2018-2019

**ONLY NEEDS TO BE COMPLETED FOR NEW STUDENTS OR FOR STUDENTS WHO HAVE HAD
HEALTH CHANGES OR NEW HEALTH CONCERNS

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 _____