

St. Mary's Primary School
Annual Health Update 2011 -2012

Last Name _____ First Name _____ D.O.B. _____ Grade _____

Please list your child's chronic health conditions diagnosed by a physician: _____

Please list your child's food, insect or medication allergies diagnosed by a physician: _____

- **Health care required in school will only be initiated with Physician documentation.**

What kind of reaction does your child have with their allergies? _____

Has your child been tested for allergies? If yes, date last tested _____ no _____

Please list your child's medications (doses and times): _____

- **Please contact school nurse when your child needs to take medication during school.**

Restrictions: Classroom: _____ Gym Class _____

- **A doctor's Note is required when unable to take gym class.**

Vision: Known problems _____ Glasses _____ Contact lenses _____

Hearing: Known problems _____ Hearing Aide: (R) ear _____ (L) ear _____

Please note: The school nurse has a doctor's order from our school physician to administer Tylenol for pain/fever, EpiPen for unknown anaphylaxis, Calamine/Caladryl lotion for itching rashes and insect bites and Antibiotic ointment to minor skin abrasions and lacerations. I give permission to the school nurse to administer the above medications as ordered by the school physician.

Parent/Guardian signature _____ **Date** _____

Father's Name _____ Home Phone _____ Cell phone _____ Business phone _____

Mother's Name _____ Home Phone _____ Cell phone _____ Business phone _____

If parent cannot be reached in an emergency, names of responsible adults to call who may pick up child:

Name _____ Relationship _____ Home Phone _____ Cell phone _____

Name _____ Relationship _____ Home Phone _____ Cell phone _____

Student's Health Insurance Carrier _____ Dental Carrier _____

Student's Physician _____ Phone Number _____

I hereby authorize the school nurse to communicate with my child's physician regarding their physical/immunizations required for school, and health care provided at school. I also give permission to the school nurse to share pertinent medical information with the school staff. (* **Communication is needed to initiate and manage health care at school.**) **Signature**

of Parent/Guardian _____ **Date** _____