RSU #22 Annual Health Report
2017/2018

Dear Parents/Guardians,

In order for us to keep your child's health record up to date, we would like you to provide the following information:

Child's Name_____ Date of Birth:_____ Grade_____

Date of most recent visit to:

Family doctor:___/___/___ Name of doctor:_____ Phone #:_____

Eye doctor:___/___/____ Name of eye doctor:_____New glasses or contacts?_____

Dentist:___/___/___ Name of dentist: _____

Immunization/booster in the last year? Yes____ No____ (If yes, please send copy of date with doctor's signature/stamp)

Accidents/illnesses/surgeries within past year: _____

Please list any medication your child takes regularly:_____.

If it is medically necessary for your child to have medication administered at school, please contact the school nurse so a medication permit can be sent home for the parent and doctor signature. Do not send medications in to school with the student.

Please check the following conditions that currently apply to the student. Include a brief explanation and any dates where appropriate in the space below. Please notify your school nurse with any concerns/questions. Thank you.

_____ ADD/ADHD (circle one)
_____ Allergic to bee stings
mild __moderate__ severe__(check one)
_____ Allergic to food (list below)
mild__moderate__severe__
_____ Allergic to medication or other (list below)
_____Asthma
_____Birth defect/chromosome disorder
_____Cancer/leukemia/blood disorder
_____Cerebral palsy
_____Color blind
_____Cystic fibrosis
_____Diabetes
_____Fainting
_____Head injury/concussions
_____Heart disease/defect
_____Kidney disorder
_____Menstrual cramps (severe)
_____Mental health issues
_____Migraine headaches
_____Nosebleeds (frequent)
_____Physical activity limitations (list below)
_____Scoliosis
_____Seizures
_____Other (list below)
_____No known health problems

Explain:_____

_____

If your child requires accommodations at school due to a medical condition, please provide documentation of the medical condition from your child's doctor to the school nurse.

It may be necessary to share health information with your child's teacher (either verbally, in written form, or by e-mail) to ensure their safety and welfare. Please give your consent to the sharing of pertinent health information by signing below.

Parent/Guardian Signature_____ Today's date_____

Thank you for your help and let's have a healthy school year! *Sally Burke RN*