

**St. Joan of Arc Catholic School
Annual Student Health Update**

2018-2019

Name _____

Grade _____

1. Your help is needed to update your child's health status and assist school personnel to identify potential classroom emergencies and health issues, which may affect your child's learning. Please complete this form and return to school by **Friday, August 31, 2018.**

Check any health concerns below, which pertain to your child:

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies, specify _____	<input type="checkbox"/> Asthma	<input type="checkbox"/> Hearing
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Heart Problems	<input type="checkbox"/> Injuries	<input type="checkbox"/> Recent surgery
<input type="checkbox"/> Mental/emotional	<input type="checkbox"/> Seizures	<input type="checkbox"/> Scoliosis	<input type="checkbox"/> Vision
<input type="checkbox"/> Other, specify _____			

If you checked any of the above, please specify symptoms, treatment, restrictions and needed adjustments.

My Child has no health needs requiring special consideration at school.

IT IS THE PARENT'S RESPONSIBILITY TO NOTIFY THE SCHOOL OFFICE IF CHANGES OCCUR

2. List all medications (including inhalers) your child is currently taking (include name, doses, time and reason): _____

THE MEDICATION AUTHORIZATION MUST BE COMPLETED FOR MEDICATIONS TO BE GIVEN AT SCHOOL

3. Immunizations in the **PAST YEAR ONLY**(month/year):

DPT/TD ___/___ Polio ___/___ MMR ___/___ Varicella ___/___ Hepatitis B ___/___, ___/___, ___/___

4. History of Chick Pox Disease? Yes, specify year _____, No

5. Date of last exam by eye care provider, Month _____ Year _____ Glasses Yes ___ No ___

6. Date of last exam by dentist, Month _____ Year _____

7. List health care provider _____ Phone _____ Include if seeing a specialist: _____

I understand the above information may be shared with school personnel responsible for the well being of my child.

Parent/Guardian Signature

Date

Home Phone

Cell Phone

Work Phone