

School District of Tomahawk Annual Student Health Information Update

Student Name:	Date of Birth:
School:	Grade:

Dear Parent/Guardian:

Please complete the Annual Health Information Update for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child during the school day or on the bus trip to and from school. Return this form to your child's teacher for review by the school nurse.

If your child requires medication during the school day, please complete a School Medication Form that is available from the school, available on the school web site or from your physician's office.

My child does not have any health concerns.

My child has the following health concerns: (If one of the following is checked an Emergency Action plan will be sent home for you to fill out, if one was not sent home over the summer).

Allergies (Life Threatening)

Bee Sting Allergy

Food Allergy (include type): _____

Latex Allergy

Other Allergy: _____

Allergy (Non Life-threatening): _____

Asthma

Diabetes

Seizure

Other: _____

Medications: _____

Your signature below indicates your permission to share this health information with the appropriate school personnel. (Special Teachers, bus driver, classroom teacher, coach, etc)

Parent/Guardian Signature

Relationship

Date

If you feel the school needs more information about your child's health needs, please contact the school nurse, Teresa Rortvedt, RN at 453-2126 ext. 106