

**Tomahawk School District
Student Health Information**

Dear Parents,

It is important that the school be made aware of any health concerns or problems that may affect your son or daughters ability to learn.

Please complete the information below and return to the school office as soon as possible. This information will be reviewed by the school nurse and be a part of your child's confidential health record. Health information pertinent to school activities will be shared with the faculty directly involved with your son or daughter. Please note, all prescription medication will require practitioner signature to be given at school.

If you would like to discuss any concerns about your son/daughter's health with the school nurse, please contact the school office to arrange an appointment. Thank you!

Student Name:

Grade:

Allergies		Eye glasses/contacts		Heart Condition
Arthritis		Epilepsy/Seizures		Meningitis
Asthma		Frequent Earaches		Kidney Problems
Bone/Joint/Muscle Problem		Frequent Colds/Sore Throat		Alcohol/Other drug Abuse
Chickenpox		Frequent Stomachaches		Skin Problems
Diabetes		Hay Fever		Tuberculosis
Attention Deficit Disorder		Emotional Distress/Depression		Tumors/Growths/Cysts/Cancer
Hearing Problems		Anorexia/Bulimia		Obesity
Physical Disability		Frequent Headaches		Hormonal Problems

If you responded yes to any of the above, please explain:

Are there any special emergency instructions, health problems, family matters which you think would be helpful for the school to know?

Check each item Yes if applicable. Every items selected must be fully explained to the right.

Does child take routine medication? If so, give type, amount, and reason.	
Do you know of any reason to limit your child's physical activities?	
Has your child had any severe reactions/allergies to drugs, food, or bites & stings?	

Signature of Parent/Guardian

Date

Signature of Parent/Guardian

Date