

**Saint Mary's Primary School
Annual Health Update
2008-2009**

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: ® 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 order by the school physician.

Parent/Guardian signature _____ **Date** _____

Father's Name	Home Phone	Cell phone	Business phone
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Mother's Name	Home Phone	Cell phone	Business phone
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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, an 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** _____