KENILWORTH PUBLIC SCHOOLS
OFFICE OF THE SCHOOL NURSE
ANNUAL HEALTH UPDATE FORM

Dear Parents/Guardians:

Please fill out both sides of this form. This information is necessary to update your child's health record and is useful in an emergency. Please return to the School Nurse.

CHILD'S NAME: _____GRADE _____

HOMEROOM_____ SCHOOL (circle one) **Harding / Brearley**

A. Medical History: Check any that apply to your child and describe under the comments section.

_____ADD/ADHD/PDD	_____Emotional disorder	_____ Other
_____Asthma	_____Kidney/urinary problem	_____
_____Behavioral problems	_____Muscular disorder	
_____Bleeding disorder	_____Neurological disorder	_____
_____Bowel or digestive problem	_____Orthopedic problems	
_____Cerebral Palsy	_____Seizure disorder	
_____Diabetes	_____Skin condition	

Comments: _____

List allergies to medications: _____

Any other allergies: _____

If allergies to foods, do they require an Epi-pen or Benadryl at school? _____

Has your child been tested by an allergist (skin prick test or lab work)? YES / NO

Does your child get allergy shots: YES / NO If so, how often? _____

Is your child allergic to bee/wasp stings? YES / NO If so, what type of reaction did the child have (local swelling at site; difficulty breathing)? _____

_____

Is your child on any medication? YES / NO If so, what?_____

Dosage _____ Reason for medication? _____

Any other chronic health problems/concerns that may affect learning?

_____

Does your child have any activity restrictions (PE, recess)? _____

A doctor's note is needed if your child has any activity restrictions (ex. from asthma, heart conditions, allergies, or any other disease/injury). It is the parent's responsibility to provide the school with the doctor's written note.

Does your child have any assistive devices (hearing aide, brace, etc.)? _____

Any hearing loss? _____ If so, which ear? _____

Is special seating needed in the classroom? _____

Does your child wear (circle) glasses / contact lenses? Date of last prescription:_____

Date of last physical :_____Physician: _____

****If any immunizations were received please provide the school nurse with a certificate of immunization from the physician**.

Date of last dental exam:_____Dentist :_____

Orthodontic braces on teeth? _____

Please list any surgeries, injuries, accidents, or childhood illness (chicken pox, etc.) experienced in the past year requiring medical attention along with any pertinent information (date, doctor's name, hospital, etc):

_____

_____

SCHOOL MEDICATION POLICY: If your child requires medication in school, a written physician's order is required. No medication may be carried in school by a student; this applies to medications "over the counter" as well. The only exceptions are for those students with asthma inhalers and Epi-pens whose order specifies that they may "self administer". All medications must be delivered to the school health office by the parent/guardian with the physician's original order and written parental permission (forms are available in the office). All prescription and nonprescription medications must be in their original container. Your pharmacist can provide you with a labeled school supply bottle/box.

***** Please see the School Nurse for an allergy action or food allergy care plan if your child requires (or carries) an inhaler or Epi-pen® at school.**

This information is confidential and will only be shared with appropriate Kenilworth school personnel with your consent, to help protect and promote your child's health and welfare.

Parent/Guardian Signature _____Date _____