

Colstrip Public Schools Annual Health Update 2017-2018

Student Name _____ Date of Birth _____ Grade _____

Does your child have any special health concerns? ___ Yes ___ No
___ Asthma* ___ Diabetes* ___ Seizure Disorder* ___ Other* _____

Does your child have any Severe Allergies? ___ Yes* ___ No

*A Health Care Plan must be filled out **every year** for the above health concerns and allergies to provide special instructions for staff. Forms may be obtained from school health office or district website under "Departments" > "School Nurse" > "Printable Forms"

Is your child currently taking medication? ___ Yes ___ No

Name of medicine(s) _____
Purpose _____

Will medication be taken at school? ___ Yes ___ No

*If yes, obtain Authorization of Medication Form from school health office or district website.

Does your child have eye/vision problems? ___ Yes ___ No

Wears Glasses/Contacts ___ Yes ___ No
For reading books ___ For seeing distance ___ Both ___

Does your child have ear/hearing problems? ___ Yes ___ No

Right ear ___ Left ear ___ Both ___
Please explain: _____

Any other current or past health problems? ___ Yes ___ No

For example: frequent stomachaches, headaches, constipation, kidney problems, skin problems, foot or knee problems, cardiac condition, weight concerns, dietary sensitivities/concerns*, broken bones or sprains. Please explain: _____

*Please note that food service personnel cannot accommodate all dietary sensitivities, and students will be permitted to eat school lunch at their discretion.

Has your child had any recent surgeries? ___ Yes ___ No

Please list: _____

The above information may be shared with Colstrip Public Schools personnel if needed to provide for student well-being at school. If a situation occurs in which my child needs immediate medical attention and I am unable to give consent, this signed statement will serve as authorization for school personnel to obtain medical care in the best interest of my child until I can be contacted. I understand it is my responsibility to keep the school updated on changes in contact numbers I can be reached at. I also understand that any expenses for emergency transport and/or care are my responsibility.

Parent/Guardian Signature _____ Date _____