

Confidential
St. Ansgar Community School District
Student Health Update

Name _____ Birth Date _____ Gender _____ Entering Grade _____

Physician _____ Physician Phone Number _____ Hospital Preference _____

Parent Email _____ Parent Phone Number _____

Does the student have:	No	Yes	Please explain "yes" answers
ADD/ADHD (please specify)			
Allergies (food, environmental, medication)			
Asthma/Reactive Airway Disease			
Bone, joint, muscle concerns			
Congenital birth defects			
Diabetes			
Emotional/behavioral concerns			
Gastrointestinal Disorders			
Glasses/contacts			
Hearing aid(s)			
Hearing concerns			
Heart condition			
Kidney disorder			
Medical procedures needed at school			
Medications to be given at school; not including Tylenol or ibuprofen (include name, time needed, dosage and reason)			*FILL OUT MEDICATION ADMIN. CONSENT
Medications given at home (include name, time needed, dosage and reason)			
Migraines			
Seizures/neurological disorder			
Skin conditions			
Speech concerns			
Other medical concerns the nurse needs to be aware of			

 Parent/Guardian Signature

 Date

Note to parents: Health information is shared with school staff that has a legitimate educational interest regarding the student. Please, use back of page for additional information if needed.