

STUDENT'S NAME _____ GRADE _____
BIRTHDATE _____ TEACHER/COMMUNITY _____

Dear Parents,

It is important for the school to be aware of any special health problems your child may have that could cause a problem for him/her while at school. Because health needs change, current information should be updated each year. Please fill out the section below and return this form to school.

_____ My child has no health problems or physical limitations that will cause him/her a problem at school.

_____ My child has the following health problems that may affect him/her during the school day: (Please check the appropriate box/boxes—EXPLAIN BELOW)

- | | |
|-------------------------------------|---|
| _____ Asthma | _____ Eye condition, <u>not</u> including glasses |
| _____ Allergies (please list below) | _____ Heart conditions |
| _____ Bee sting requiring meds | _____ High blood pressure |
| _____ Cancer | _____ Kidney problems |
| _____ Diabetes | _____ Seizure/Epilepsy |
| _____ Hearing problems | _____ Other (explain) |

PLEASE LIST ANY ALLERGIES TO FOOD OR MEDICINE, OR EXPLAIN ABOVE:

Health information is considered confidential. The school/St. Francis nurse cannot share this information with the faculty & staff at your child's school unless there is a signed individualized health care plan on file. If it is medically necessary for the above medical information to be shared with the faculty/staff please sign below and contact the school/St. Francis nurse at your child's school.

_____ Date _____ Parent/Guardian Signature and Telephone