

Mansfield Township Elementary School

Health Information Update 2010/2011

(all information obtained is strictly confidential and is only used when necessary)

Name _____ **Grade/Teacher** _____

1. Does your child have any allergies (seasonal, food, insect, medication, etc.)? If so, please indicate the allergy and the reaction.

2. Does your child take any medication on a regular basis (please be sure to include any meds taken at home)? If so, please write the medication and the reason for taking it.

3. Has your child had any major accidents or injuries within the last year (broken bones, concussion, surgery, stitches, etc.)?

4. Does your child have any newly diagnosed conditions that would be important for medical personnel to be aware of in case of an emergency?

5. Does your child wear glasses? If so, when should he/she wear them?

6. Does your child have asthma? If so, what medication does he/she require to keep it under control?

7. Does your child have any physical limitations that would impact their regular participation in school activities (recess, physical education)?

8. Does your child have frequent nosebleeds? If so, what is the best method to control them?

9. Does your child have any other conditions or health issues that would be important for the school nurse or any emergency personnel to be aware of?

10. Has your child had any immunization updates since entry/filling out this form last year? If so, please obtain a copy of their immunization record and send it in so I may include it on their health record.

*******Please return this form to the Health office by September 27, 2010*******