



*Complete only 1 form per family.*

For School Year: \_\_\_\_\_

*Dear Parent: This form is updated annually. **Please be sure to sign on page two.** This form is copied and provided to school employees/ volunteers as appropriate. You may complete 1 form per child if you do not want the info for all your children distributed to multiple individuals. Any students with asthma or allergies must submit an action plan prior to students attending class. Thank you!*

**STUDENT HEALTH INFORMATION:** *Please use additional paper if needed for explanations.*

1. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- Any **emergency** health conditions?  Asthma\*  Diabetes  Seizures  Heart Condition  Other: \_\_\_\_\_
- Any **life-threatening** allergies? \*  Foods \_\_\_\_\_  Meds: \_\_\_\_\_
- Stings \_\_\_\_\_  Other: \_\_\_\_\_
- **Epi-pen** at school?  Yes  No  **Inhaler** at school?  Yes  No

2. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- Any **emergency** health conditions?  Asthma\*  Diabetes  Seizures  Heart Condition  Other: \_\_\_\_\_
- Any **life-threatening** allergies? \*  Foods \_\_\_\_\_  Meds: \_\_\_\_\_
- Stings \_\_\_\_\_  Other: \_\_\_\_\_
- **Epi-pen** at school?  Yes  No  **Inhaler** at school?  Yes  No

3. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- Any **emergency** health conditions?  Asthma\*  Diabetes  Seizures  Heart Condition  Other: \_\_\_\_\_
- Any **life-threatening** allergies? \*  Foods \_\_\_\_\_  Meds: \_\_\_\_\_
- Stings \_\_\_\_\_  Other: \_\_\_\_\_
- **Epi-pen** at school?  Yes  No  **Inhaler** at school?  Yes  No

4. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- Any **emergency** health conditions?  Asthma\*  Diabetes  Seizures  Heart Condition  Other: \_\_\_\_\_
- Any **life-threatening** allergies? \*  Foods \_\_\_\_\_  Meds: \_\_\_\_\_
- Stings \_\_\_\_\_  Other: \_\_\_\_\_
- **Epi-pen** at school?  Yes  No  **Inhaler** at school?  Yes  No

5. Student: \_\_\_\_\_ Birth Date: \_\_\_\_\_ Grade: \_\_\_\_\_

- Any **emergency** health conditions?  Asthma\*  Diabetes  Seizures  Heart Condition  Other: \_\_\_\_\_
- Any **life-threatening** allergies? \*  Foods \_\_\_\_\_  Meds: \_\_\_\_\_
- Stings \_\_\_\_\_  Other: \_\_\_\_\_
- **Epi-pen** at school?  Yes  No  **Inhaler** at school?  Yes  No

**\*Any students with asthma or allergies must submit an action plan prior to students attending class.**

**SIGNIFICANT HEALTH HISTORY OR RESTRICTIONS:** Please explain any medical issues/restrictions which affect your child's life at home or school:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*(form continues on other side)*

