

MENAHGA PUBLIC SCHOOL - IND. SCHOOL DISTRICT NO. 821

Tel: (218) 564-4141 Fax: (218) 564-4502

Health Update Form

Student Name: _____ DOB: _____ Grade: _____

Complete one form per student. Please be thorough. This information is important for providing a safe and healthy environment for your child. Pertinent information will be shared with school staff that work directly with your child.

Medical History (Check all that apply)

Medical History grid with categories: Hematologic, Endocrine, Musculoskeletal, Gastrointestinal, Cardiovascular, Respiratory, Skin, Neurological, Genitourinary, Eyes, Ears/Nose/Throat, Dental, Psychiatric. Each category has a list of conditions with checkboxes.

Other:

If any of the above were checked, please explain: _____

Allergies _____ No Known Allergies

OR

(Check all that apply) _____ Environmental _____ Food _____ Drug _____ Skin _____ Pet _____ Insect Sting _____ Other

Please describe the specific trigger, reaction, and interventions you have found to be helpful: _____

Please submit a completed Allergy Action Plan to the health office prior to the first day of each school year for any student who requires medical care related to allergies.

Medication Is medication required for any condition? At home? _____ Yes _____ No At school? _____ Yes _____ No

The school prefers that all medication be given at home, if possible. If medication is required during school hours, please complete the Authorization to Administer Medication form available in the school health office. Medication orders must be updated each school year.

Other Medical Information Please list any operations, injuries, hospitalizations, or prolonged illnesses with dates: _____

Please describe any restrictions or modifications needed (Gym, recess, etc...): _____

Please list any other information that you feel will help the school staff to better understand and work with your child (use back side if needed):

Parent/Guardian Release of Information and Consent

The information on the front and back of this form may be released to school personnel as needed to provide a safe and healthy learning environment for my child.

Parent/Guardian Signature: _____ Date: _____

Phone Number(s): _____

Reviewed by Health Office (Initial): _____