

**Nashua-Plainfield Community School
2019-20 Health Update Form**

Please complete **ONE FORM FOR EACH STUDENT** in your family.

STUDENT NAME: _____ **GRADE (19-20)** _____

1. Does your child have asthma **diagnosed** by a physician? _____
If yes, does your child use a prescription inhaler? _____
If yes, will you be sending one to school? _____
2. Does your child have **allergies** such as medication, food, and/or bees? _____
If yes, please list the allergy and reaction: _____
If yes, list care required for allergic reaction: _____
3. Has your child been **diagnosed with ADHD** (Attention Deficit Hyperactive Disorder)? _____
Or ADD (Attention Deficit Disorder)? _____
If yes, for either diagnosis, please list medication (if ordered), amount and time given:

4. Does your child have a **diagnosed** seizure disorder? _____
If yes, please list type of seizure and medication, amount and time given: _____

5. Does your child wear **glasses**? _____ Wear **contacts**? _____ If yes, is the correction for near or distance vision problems? _____
6. Has your child been diagnosed with **diabetes**? _____ If yes, list times of glucose checks, type of insulin, amount given and times: **Please note, school nurse will be in contact with you for clarification of all orders.

7. Does your child have a **hearing problem**? _____ If yes, does he/she require preferential seating in the classroom and where? _____
8. Does your child have any special needs not mentioned? _____ If yes, please explain: _____
9. Please list any other health concerns you for your child and list any other medications not listed above, reason why he/she takes medication, dosage and times given: _____

10. Do you grant permission for the nurse/designated personnel to share, with faculty, information regarding health or special needs to aid the education and health care plan for my child(ren): Yes _____ No _____

School personnel are authorized to take whatever actions deemed in their judgment for the health and safety of my child (ren). This will be at the parent's expense, whether through insurance or not. The school district will not be held financially responsible for the emergency care and/or transportation for my child (ren).

Date

Parent/Guardian