Smithville School District Elementary Health Record Update
For School Year:_____

Your child's learning depends upon good health. To assist in providing health services at school, please complete the following form and return it to the school nurse

Student:_____ Birth Date:_____ Gender: _____
(last) (First) (MI)

Grade:_____

Medical History: Check all those that apply:

☐ ADD ☐ ADHD	☐ Depression (Dr. diagnosed)	☐ OCD ☐ ODD
☐ Anxiety Disorder (Dr. diagnosed)	☐ Diabetes: Pump / Pen / Syringe	☐ Other Allergy
☐ Asthma	☐ Drug Allergy	☐ Respiratory Impairment
☐ Autism ☐ Aspergers	☐ Food Allergy	☐ Scoliosis
☐ Bipolar Disorder	☐ Glasses ☐ Contacts	☐ Seizure / Neurological Disorder
☐ Blood Disorder	☐ Hearing Impairment / Aids	☐ Skin Disorder
☐ Bone / Joint Disorder	☐ Heart Disorder	☐ Stomach Disorder
☐ Bowel Disorder / Incont.	☐ Kidney / Urinary / Incont. Disorder	☐ Tourette's Syndrome
☐ Cancer	☐ Low Blood Sugar	☐ Vision Disorder
☐ Cerebral Palsy	☐ Migraines	☐ Other

Note: It is the responsibility of the parents/guardians to provide physician documentation (including an Emergency action plan) for all significant diagnoses such as: Asthma, Food Allergy, Seizure, Diabetes, and others.

Please explain any conditions checked above and any special care required. Note if conditions are current or no longer an issue:

_____

_____

List any surgeries or hospitalizations (please list dates):

_____

_____

Do you believe your child has a physical or mental impairment that substantially limits a major life activity in the school environment? **YES / NO**

If yes, please explain the condition and how it substantially limits your child:

_____

_____

Please list any medication(s) your child takes and reason for taking:

_____

_____

If a student is to receive medication at school, a separate form will need to be completed.

NOTE: Epinephrine administration is Board approved and will be administered in the event your child is thought to be experiencing an anaphylactic reaction

While medical information is confidential, I understand the school nurse and other school staff may at times deem it necessary to share a student's information, including district health update forms as supplied by the parent with other school personnel, including but not limited to, teachers, administrators, transportation and cafeteria staff. As a parent I may also share information as I deem appropriate with my child's teacher, bus driver or other specific staff member independent of the school nurse or other school staff sharing this information

Parent/Guardian Signature: _____ **Date:**_____