

# Health Update

Webster City Community Schools    Lea Ahrens, School Nurse MS/HS Elizabeth Swenson, School Nurse NEH/PV/SS

<b>Student Name:</b> _____	<b>Birthdate:</b> _____	<b>Grade:</b> _____ <b>School year:</b> _____	<b>Medical Provider:</b> _____	<b>Does your student wear:</b> Glasses    Contacts    None
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**Does your student have any health concerns?    Check all that apply below.    Use back of form if needed.**

ADHD     Depression     Heart Problems     Diabetes     Hearing Loss     Cerebral Palsy     Mental Disorder  
 Seasonal Allergy     Latex Allergy

Asthma - Will an inhaler need to be kept in the nurse's office at school? YES/NO

Severe Allergy (please list) \_\_\_\_\_

Food Allergy (please list) \_\_\_\_\_ (Doctor's note is required for meal/food replacement.)

Other Health Concerns (please list, use back of form if needed)

**Medications taken by student at home or at school on a daily basis (use back of form if needed).**

Medication:	Dose:	Time taken:	Given at: HOME    SCHOOL    BOTH
Medication:	Dose:	Time taken:	Given at: HOME    SCHOOL    BOTH
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Medication:	Dose:	Time taken:	Given at: HOME    SCHOOL    BOTH

***The information given above is confidential and only shared with staff working directly with the student..***

**Permission for Acetaminophen** (ONE 80mg chewable given to grades PK-1, ONE 160mg chewable given to grade 2-4, TWO 160mg chewable or ONE 325mg swallow given to grades 5-8, ONE-TWO 325mg swallow given to grades 9-12)

**Please circle one: YES or NO**    (This ONLY covers permission for Acetaminophen, no other medications)

Signature _____	Date _____	Relationship to Student _____
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