

Garwood Public Schools Health Update

For Returning Students ONLY

Student's Name	Grade	Homeroom Teacher
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1. Has your child had any serious accidents, injuries, illness and/or operations in the last year?
No _____ Yes _____ if yes, please explain _____

2. Is your child currently taking any medications? **(For medications at school see handbook)**
No _____ Yes _____ if yes, please list with name, dosage, frequency: _____

3. Does your child have any allergies to medications, foods, insect stings, pollen, other?
No _____ Yes _____ if yes, **please list:** _____

4. What kind of reaction does your child experience? _____ local swelling _____ hives
_____ shortness of breath _____ loss of consciousness _____ other, please specify _____

5. Does your child have asthma?
No _____ Yes _____ if yes, **additional asthma record must** be completed (see website). a. does your child use an inhaler? No _____ Yes _____ it is mandated your MD complete an Asthma Action Plan.

6. Has your child had any recent immunizations?
No _____ Yes _____ if yes, please list with the exact date (month/day/year) and **include your doctor's verification** so that it may be entered on your child's health record: _____

7. Does your child wear glasses? No _____ Yes _____ If so, are they for near or far vision? _____
When does your child need to wear glasses? _____

8. Does your child have any medical or physical problems (i.e. diabetes, seizure disorder, headaches, nosebleeds, physical limitations)? No _____ Yes _____ if yes, please explain _____

9. Is there any additional information about your child's health, development, behavior, family or home life you want the school to be aware of? No _____ Yes _____

I understand that employees of the Garwood Public Schools may exchange this medical information as needed to properly take care of my child. Confidentiality is a priority. Students are screened for height, weight, vision, hearing and scoliosis at intervals by the school nurse. You may opt out of these screenings with a written request and supplement the information from your private MD.

Parent/Guardian Signature	Date
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