

Annual Health Profile



| Student Name: | Student ID: | Birthdate: | Gender: | Grade Level: | Homeroom: |
|---------------|-------------|------------|---------|--------------|-----------|
| | | | | | |

It is vitally important to contact the school nurse on a **yearly basis** to inform of any special medical needs for your child. To maintain accurate district records and provide required data to the PA Dept. of Education, please complete the below:

| | | | |
|----------------------|--|---------------|--|
| Doctor: | | Phone Number: | |
| Hospital Preference: | | Phone Number: | |
| Dentist: | | Phone Number: | |
| Eye Doctor: | | Phone Number: | |

1. Is your child allergic to any foods? Yes No

If yes, list food(s), reaction, and treatment that should be given at school: _____

2. Is your child allergic to any medicine? Yes No

If yes, list medication(s) and reaction: _____

3. Is your child allergic to bees or other flying insects? Yes No

If yes, list reaction and treatment that should be given at school: _____

4. Is your child allergic to any animals? Yes No

If yes, list animal(s), reaction, and treatment that should be given at school: _____

5. Does your child have asthma? Yes No

If yes, does he use an inhaler to control asthma symptoms? Yes No

If you have answered "yes" to concerns of severe allergic reactions or asthma, permission for treatment forms are available from the nurses blog at <http://blogs.pennmanor.net/nurse/> or your school nurse.

6. Does your child take any medications on a regular basis *besides* vitamins or fluoride? Yes No

Please list name(s) and dose(s) of medications: _____

If your child requires **any prescription or non-prescription medication in school**, please refer to the Penn Manor's District Medication Policy. More information and forms may be found at <http://blogs.pennmanor.net/nurse/>

7. Does your child have any health conditions or special health needs or restrictions of activity? Yes No

If yes, please explain: _____

8. Has your child ever had a seizure? Yes No

If yes, please explain: _____

9. Has your child had any serious illnesses, injuries, or hospitalizations since last year? Yes No

If yes, please explain: _____

Please complete the below information regarding Health Exams and/or Immunizations since last year:

*If a form is due for your child's grade level, please submit the completed form to your school nurse.

| | Additional Information: | Date of Exam / Imm: | *Forms are due in: |
|---------------|--|---------------------|--------------------|
| Physical | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: | Grades K, 6, & 11 |
| Dental | Yes <input type="checkbox"/> No <input type="checkbox"/> | Date: | Grades K, 1, & 5 |
| Immunizations | Type: | Date: | Grades K & 7 |

The nurse may contact my child's physician for information regarding physical examinations and immunizations as required by school law and medications that are to be given during the school day. The school nurse may share information relevant to my child's health conditions with appropriate school personnel and child's physician when needed to meet health and safety needs.

Signature of Parent/Guardian: _____ Date: _____

Any changes to this information through the year should be reported to your school nurse within five (5) school days.