

**ANNUAL HEALTH CENSUS FORM**

TO BE RENEWED EACH SCHOOL YEAR

**STUDENT INFORMATION**

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ School Year: \_\_\_\_\_

Name of Health Care Provider: \_\_\_\_\_ Clinic: \_\_\_\_\_

**HEALTH CONDITIONS**

\_\_\_ Asthma \_\_\_ Life-threatening Allergy \_\_\_ Seizures \_\_\_ Diabetes \_\_\_ Mental Health \_\_\_ Shunt/Implant Device

Other \_\_\_ Explain: \_\_\_\_\_

Vision Concerns: Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

Hearing Concerns: Yes \_\_\_ No \_\_\_ Explain: \_\_\_\_\_

- *If your student has a health condition you will need to complete an "Emergency Care Plan" which is available on the Health Service page of the district website at [isd77.org](http://isd77.org).*

**MEDICATIONS**

Is the student taking any medication(s)? YES \_\_\_ Name of medication: \_\_\_\_\_ NO \_\_\_

Will the student take medication(s) at school? YES \_\_\_ NO \_\_\_

- *All prescription and nonprescription medications at school require a signed "Consent for Administration of Medication" form, which is available on the Health Service page of the district website at [isd77.org](http://isd77.org).*
- *All medication must be brought to school by a parent/guardian.*

Would you like to schedule a conference with the licensed school nurse to discuss a particular health concern? YES \_\_\_ NO \_\_\_

**PARENT/GUARDIAN AUTHORIZATION**

- Not providing complete and accurate information may result in an incomplete health and safety plan for your student. The information provided will only be shared with appropriate school staff to meet your student's health and safety needs while at school.
- If your student rides the school bus, it is your responsibility to inform the bus company of your student's health condition and plan.
- If your student participates in before and/or after school activities, it is your responsibility to inform them of your student's health condition and plan.

Parent/Guardian signature: \_\_\_\_\_ Date: \_\_\_\_\_

(Please print form to sign OR type first and last name)