



Health Care Alert

This form is to be completed for ALL students prior to the start of each school year • Update if changes in health status occur

School Year: _____

Student Name _____

Date of Birth _____

Age _____

Grade _____

Check One: My Child Has NO Chronic Health Concerns

My Child Has A Chronic Health Condition – Please Complete Below

Listed In Alphabetical Order • Check All That Apply

• Emergency Action Plans &/or Instructions for Daily Management of a Chronic Health Condition Should Be Provided As An Attachment •

Have there been changes from last school year? _____Yes _____No

<input type="checkbox"/> Allergy	___Animal(s) ___Food(s) ___Latex ___Medication ___Seasonal ___Stinging Insect (i.e. bee, wasp) List known allergens _____ _____ ___History of Anaphylaxis ___Self-carries epinephrine auto-injector* ___Self-administers epinephrine auto-injector *Location of personal epinephrine auto-injectors: ___Backpack ___Purse Other (Specify) _____
<input type="checkbox"/> Asthma	___Student self carries rescue inhaler ___Student self administers rescue inhaler ___Exercise Induced Known Triggers (Specify) _____
<input type="checkbox"/> Diabetes	___Type I ___Type II ___Insulin Dependent ___Non-Insulin Dependent Additional Information: _____
<input type="checkbox"/> Emotional or Mental Health Concern	___ADHD ___Anxiety ___Depression Other - Describe: _____ _____
<input type="checkbox"/> Seizures	Type of seizures: _____ Frequency of seizures: _____
<input type="checkbox"/> Other Medical Condition	Describe: _____ _____ _____

Emergency Contacts

• Please print legibly •

Contact 1 _____ Relationship _____ Home _____ Mobile _____ Work _____

Contact 2 _____ Relationship _____ Home _____ Mobile _____ Work _____

Physician

Physician Name _____ Specialty _____ Office Phone _____ Phone 2 (pager or answering service) _____

* Per Michigan law and board policy, an emergency action plan & permission signed by both a licensed physician and parent is required for a student to self carry/self-administer emergency medications at school.