



Confidential
Student Health Update
North Polk Community School District

Name _____ Birth Date _____ Grade _____

Doctor _____ Hospital Preference _____

Last physical _____ Dentist _____ Last visit to dentist _____

(Please complete this form, sign, and return with registration.)

Does the student have:	No	Yes	Please explain "yes" answers
ADD/ADHD			
Allergies (food, environmental, medication, bee/wasp stings)			
Asthma/Reactive Airway Disease / Inhaler at school			
Congenital Birth Defects			
Diabetes			
Emotional/Behavioral Concerns			
Gastrointestinal Disorders			
Glasses/Contacts			
Hearing aid(s)			
Hearing concerns / special seating needed			
Heart condition			
Kidney disorder			
Medical procedures needed at school			
Medications taken at school **For all medications given at school, please complete medication form			
Medications taken at home			
Migraines			
Bone, joint, muscle concerns			
Seizures/neurological disorder			
Skin conditions			
Speech concerns			
Other			

Parent/guardian signature _____ Date _____ E-mail Address _____

Note to parents: Health information is shared with school staff that has a legitimate educational interest regarding the student.