

# Grand Island Central School District Annual Health Update

## Must Be Completed by Parent/Guardian:

Please complete both sides of this form and return to your school's Health Office the following day. This information is confidential and will only be shared with appropriate school personnel. I hereby give my permission for this information to be shared with appropriate school personnel.

Signature Parent/Guardian: \_\_\_\_\_ Date: \_\_\_\_\_

Please notify the school of any changes that may occur during the school year.

Student's Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

Grade: \_\_\_\_\_ Teacher: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Dentist's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### **\*\* IMPORTANT \*\***

New York State law requires that all new entrants (whether Pre-K or K), 2<sup>nd</sup>, 4<sup>th</sup>, 7<sup>th</sup>, & 10<sup>th</sup> graders and all students entering a school district for the first time have a physical examination completed no more than 12 months prior to the entry of the first day of school

Please check one of the following:

I give permission for my child to receive a physical at school by the school physician

My child had a physical within the past 12 months on \_\_\_\_\_, or has an appointment scheduled for a physical on \_\_\_\_\_. If this option is checked,

**The completed physical form and copy of immunizations must be returned to school by OCTOBER 1<sup>st</sup>**

Forms are available in your school's Health Office or may be downloaded from the Grand Island Central School District website at [www.k12.ginet.org](http://www.k12.ginet.org)

Signature Parent/Guardian \_\_\_\_\_ Date \_\_\_\_\_

## PLEASE UPDATE SINCE THE LAST SCHOOL YEAR, INCLUDING OVER THE SUMMER:

### Has child had: (Give dates where appropriate)

Chickenpox \_\_\_\_\_ Mononucleosis \_\_\_\_\_ Bronchitis \_\_\_\_\_

Hepatitis \_\_\_\_\_ Rheumatic Fever \_\_\_\_\_ Pneumonia \_\_\_\_\_

Scarlet Fever \_\_\_\_\_

### Has child had: (Indicate specific body part, i.e. right/left, date, medical diagnosis or Dr. where appropriate)

Head Injury \_\_\_\_\_ Broken Bones \_\_\_\_\_ Surgery \_\_\_\_\_

Loss of Consciousness \_\_\_\_\_ Bowel/Bladder Problem \_\_\_\_\_ Serious Injury \_\_\_\_\_

(Continue on the back of this page)

**Has child contracted frequent: (more than 4-5 per year)**

Headaches \_\_\_\_\_ Stomachaches \_\_\_\_\_ Earaches/  
Infections \_\_\_\_\_  
Sore Throat/  
Strep Infections \_\_\_\_\_ Skin Rashes/  
Eczema \_\_\_\_\_

**Please update with your child's information: (Give explanations where necessary)**

Asthma: \_\_\_\_\_

Medication: \_\_\_\_\_ Dr: \_\_\_\_\_

Allergies (Food, Medication, Environmental, Seasonal) \_\_\_\_\_

Medication: \_\_\_\_\_ Dr: \_\_\_\_\_

Diabetes: \_\_\_\_\_

Medication: \_\_\_\_\_ Dr: \_\_\_\_\_

Seizure Disorder: (Type) \_\_\_\_\_

Medication: \_\_\_\_\_ Dr: \_\_\_\_\_

Heart Murmur: \_\_\_\_\_

**Does your child have a:**

Vision Problem?  Yes  No \_\_\_\_\_ Wear Glasses?  Yes  No

Date of last appointment: \_\_\_\_\_ Dr: \_\_\_\_\_

Hearing Problem?  Yes  No \_\_\_\_\_ Tubes in ears?  Yes  No

Date of last appointment: \_\_\_\_\_ Dr: \_\_\_\_\_

**List any other NEW medical problems:** \_\_\_\_\_

**Does your child regularly take any medication at home?**  Yes  No **If yes, please describe:**

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Prescribed by Dr. \_\_\_\_\_ For: \_\_\_\_\_

Medication: \_\_\_\_\_ Dosage: \_\_\_\_\_ Time: \_\_\_\_\_

Prescribed by Dr. \_\_\_\_\_ For: \_\_\_\_\_

**Will your child be taking any medication during school hours?**  Yes  No

If yes, please be sure to have the appropriate authorization form for administration of medication in school filled out by your child's healthcare provider and signed by you. Any medication to be given during school hours must be brought to school by a parent. This form may be obtained from your School Nurse or downloaded from the district's website at [www.k12.ginet.org](http://www.k12.ginet.org)