

Griggsville-Perry Community Unit School District #4

ANNUAL MEDICAL UPDATE 2018-2019

A health history update on your child is needed each year so that the Griggsville-Perry staff will be aware and prepared to meet any medical emergency that may occur. Confidentiality will be of high priority, but information may need to be shared with staff to assure everyone will know what care is to be given if any of the below conditions occur.

Student's Name

Grade

Does your child have asthma as diagnosed by a physician? _____ If yes, contact school nurse for paperwork allowing inhaler usage at school. *Please Provide us with an **Asthma Action Plan** provided from your physician.

Is your child allergic to any medication, foods, or insects (Bees)? _____
If yes, please list care required _____.

Has your physician diagnosed your child hyperactive? _____
If yes, please list _____
Doctor, medication, amount and time of administration

Does your child have a seizure disorder as diagnosed by a physician? _____
If yes, contact nurse and please list _____
Doctor, medication, amount and time of administration

Does your child have diabetes? _____
If yes, contact nurse and please list _____
Doctor, type of insulin, amount, and time of administration

Does your child wear glasses? _____ or Contacts? _____
If yes, is the correction for near vision difficulties? _____
Or far vision difficulties? _____

Please list any other health concerns you have for your child.

If you answered yes to any of the above questions, Mrs. Kayt Risley will be in contact with you to further update her records.

Phone number where you can be reached. _____

Parent's signature

Date

For Authorization to receive over the counter medication at school, complete the OTC document. If your child requires prescription medication, an epi pen, or an inhaler, you will need to complete the proper paperwork
