Preschool/Elementary/Upper Elementary
Carlisle School Annual Health Review
School Year: 2016-2017

Student Name _____ Date _____ Birth Date _____ Grade _____

Health Review

Breathing Problems	Heart Problems	Neurologic Problems	Eating Problems	Gland Problems	Orthopedic
___ Asthma	___ Heart Murmur	___ Frequent Headaches	___ Stomach Problems/Ulcer	___ Diabetes	___ Broken Bones
___ Reactive Airway	___ Heart Surgery	___ Dizziness ___Fainting __Seizure	___ Bowel Problems	___ Thyroid	___ Orthopedic Braces
___ Other Problems	___ Other Problems	___ ADHD/ADD	___ Special Diet at School	___ Kidney	___ Other Problems

Dr. Ordered Special Needs (please attach): ____ Glasses/Contacts ____ Hearing Aids ____ Seat Close to Instruction ____ Liberal Bathroom Privileges ____ Physical Education Limits

List Your Child's Allergies: Food _____ Medicine _____Environmental _____

List any illnesses, operations, or accidents your child has had in the past year: _____

List any emotional, social, or other conditions that might affect your child's school performance: _____

List other health concerns you would like the nurse to know about: _____

Current Medications: _____ Medications to be given at school: _____

Emergency Information: Doctor Name: _____ Number:_____ Hospital of Preference: _____

Dentist Name:_____ Number:_____

*****In case of serious accident and illness at school, your child will be sent to an emergency medical facility. The parent(s)/guardian is responsible for all expenses.**

Health Insurance Information: ____ Private ____ Medicaid ____ Hawk-i ____ No Insurance **Dental Insurance: _____** Yes **_____** No

Health Information/ Screening: The school nurse may share educationally relevant health and emergency information (to include medical diagnosis) with school staff on a need to know basis. During the course of the school year we will do screenings for vision and hearing. Grade levels included in the screening are determined annually. The vision screening is conducted by the school nurse and the hearing screening is conducted by AEA.

Parent/Guardian Signature _____ Date_____