



ENGAGING AND CHALLENGING ALL STUDENTS

Ellsworth Elementary Middle School Health Update

Please help us to provide your child with a healthy school experience by completing this confidential survey. **Information will be shared only on a need to know basis.**

Student's Name: _____ **Date of Birth:** _____ **Grade:** _____

Please check the following conditions that apply to your child. Include a brief explanation and any dates where appropriate in the space below. Please notify the school nurse with any concerns/questions.

- No known health problems**
- Allergy bee sting (**circle all that apply**)
 - Rash – mild or severe
 - Swelling at site of sting
 - Breathing problems
 - Epipen/benadryl (**need MD order**)
- Allergy to food (**circle all that apply**)
 - Rash – mild or severe
 - Breathing problems
 - Epipen/bendaryl (**need MD order**)
- Allergy to medication (**please list**)
- Asthma (**circle all that apply**)
 - Exercise induced
 - Currently carries inhaler (**list**)
 - History of asthma, not currently active
- Attention Deficit Disorder/Attention Deficit Hyperactive Disorder
- Autism
- Cystic Fibrosis
- Diabetes (**Insulin or Diet controlled**)
- Hearing/Vision Problems (**please explain**)
- Heart Condition (**please explain**)
- Seizures (**list medication and explain**)
- Other Pertinent Information (**please list**)

Parent Signature: _____

Date: _____

Explanations: _____

List all prescription medications your child takes on a regular basis.

Thank you for your help and let's have a healthy school year!

Laura M. Rudolph, R.N.

Ellsworth Elementary/Middle School

School Nurse