

**Confidential**  
**Northwood-Kensett Community School District**  
**Student Health Update**

Name \_\_\_\_\_ Birth Date \_\_\_\_\_ Gender \_\_\_\_\_ Entering Grade \_\_\_\_\_

Physician \_\_\_\_\_ Physician Phone Number \_\_\_\_\_ Hospital Preference \_\_\_\_\_

Parent Email \_\_\_\_\_ Parent Phone Number \_\_\_\_\_

<b>Does the student have:</b>	<b>No</b>	<b>Yes</b>	<b>Please explain "yes" answers</b>
ADD/ADHD (please specify)			
Allergies (food, environmental, medication)			
Asthma/Reactive Airway Disease			
Bone, joint, muscle concerns			
Congenital birth defects			
Diabetes			
Emotional/behavioral concerns			
Gastrointestinal Disorders			
Glasses/contacts			
Hearing aid(s)			
Hearing concerns			
Heart condition			
Kidney disorder			
Medical procedures needed at school			
Medications to be given at school; not including Tylenol or ibuprofen ( <b>include name, time needed, dosage and reason</b> )			*FILL OUT MEDICATION ADMIN. CONSENT
Medications given at home ( <b>include name, time needed, dosage and reason</b> )			
Migraines			
Seizures/neurological disorder			
Skin conditions			
Speech concerns			
Other medical concerns the nurse needs to be aware of			

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

\_\_\_\_\_  
 Date

**Note to parents: Health information is shared with school staff that has a legitimate educational interest regarding the student. Please, use back of page for additional information if needed.**