

Mary Our Queen School
2020-2021 Student Health Update

Student _____ Grade _____ Teacher _____

Please check any of the following health concerns that pertain to your child.

NONE Diabetes Hearing - specify below
 Food Allergies – specify below Seizures Vision - specify below
 Bee Sting Allergy ADD/ADHD (circle one) Scoliosis
 Allergies, other – specify below Asthma Other – please specify
 Reactive Airway Disease History of wheezing, not diagnosed as asthma (describe below)

If you have checked any of the above, please list symptoms, treatment and modifications that should be made. Use the back of this sheet, if necessary.

Please list any medications your child is currently taking:

Medication _____ Reason _____ Daily or As Needed _____ Will medication be taken at school? (yes or no)

Prescription and Over the Counter Medications: A Medication Authorization form must be completed, signed and on file in the school office. To dispense prescription medication, the Medication Authorization form requires a health care provider's signature.

Physician and/or specialist _____ Phone _____

I understand this information may be shared with school personnel.

Parent Signature _____ Date _____