

St. Wenceslaus Catholic School
Annual Student Health Information Update

IMPORTANT: Your help is needed to update your child's health information with any changes that have occurred since last school year. Please also note any continuing health or learning conditions. This information assists school personnel in identifying potential emergencies and learning issues which may affect your child.

Name _____ Age _____ Gr. _____ Teacher _____
LAST FIRST

Please indicate any health concerns and specify symptoms, treatment and restrictions using an **Emergency Health Care Plan, Food Allergy Action Plan** or **Asthma Emergency Action Plan** all available on the website.

	ADHD	
	**Allergies*	
	**ASTHMA	
	**Diabetes	
	Heart issues	
	Hearing	
	Injuries	
	Emotional/Mental	
	Recent surgeries	
	**Seizures	
	Scoliosis	
	Vision	
	Other, specify	
	No health needs effecting school activity or performance.	

***Please list all allergies above and medications given routinely and in emergencies in box below.**

Rescue inhalers or Epi-Pens used in emergency situations should be listed below and provided at the beginning of school year with medication sheet from website.

****If your child's health issue requires special attention please complete a Health Care Plan . from the website and hand into School Nurse**

Parents/guardians are responsible for updating the School Nurse of any health changes occurring **during** school year.

Medication(s) taken for the above health issues.

Medication	Reason for taking

I understand the above information may be shared with school personnel on a need to know basis.

Parent/Guardian Signature _____ Date ____ / ____ / ____