

**TRINITY SCHOOL HEALTH UPDATE – Grades Pre-school, K, 3 and 6 20\_\_\_\_\_**

**STUDENT NAME** \_\_\_\_\_  
 (please print)

BIRTH DATE \_\_\_\_\_ Circle one: Male or Female **Grade/Homeroom** \_\_\_\_\_

Child resides with: \_\_\_\_\_ Both Parents \_\_\_\_\_ Mother \_\_\_\_\_ Father \_\_\_\_\_ Joint Custody

**ALLERGY** to Food or Medication or Bee Sting \_\_\_\_\_

History of ***anaphylactic reaction?*** \_\_\_\_ Yes \_\_\_\_ No Last Episode \_\_\_\_\_

Describe reaction \_\_\_\_\_

**If your child requires Epi-pen or Benadryl, please provide with Medication Order Form and Allergy Action Plan.**

Is child on any medication? At home \_\_\_\_\_ At school \_\_\_\_\_ \*\*

Name of medication \_\_\_\_\_

**\*\* Attach Medication Order Form -completed by doctor for medication to be given in school.**

	Yes	No	Comments
Anxiety			
Asthma			
Attention Deficit Disorder			
Behavior / Emotional Problems			
Diabetes			
Ear or Hearing Problems			
Eye or Vision Problems			
Heart Problems			
Limits on Physical Activity			
Problem with bladder or bowels			
Seizures			
Speech Problems			
Recent Hospitalizations or Surgery			
Other health problems not listed			

**If child has had any Immunizations since last update, send Doctor documentation to nurse.**

**PARENT Signature** \_\_\_\_\_ **Date** \_\_\_\_\_