

School Health Information

Student Name: _____ Grade: _____
Birthdate: _____

Parent/Guardian Signature: _____ Date: _____

The following is a list of conditions we track as part of our school health records. This is done every year for each student enrolled in school. If your student has a health condition, the school nurse will send home an **action plan or care plan** for you to review and sign. We are required to have a new plan for your student each year. If you have received an action plan from your doctor, please attach it to this form upon return.

_____ Chronic pain

_____ Cardiac, heart condition

_____ Diabetes

_____ Epilepsy

_____ Skin disease

_____ Digestive complications/diet restrictions

_____ Allergies

_____ Asthma

_____ Medications needed during school hours (we will need a doctor's order).

If there are any other health concerns, please list them below.

****If this form is returned unsigned, it will be noted your child has no health issues.**

Thank you

Jennifer Wulff – Office Manager

Chokio-Alberta School Nurse – Rebecca Homan, Midwest Special Education Cooperative