

Margate City Schools

2015-2016 School Year- Annual Health Update

Child's Name _____ Grade _____

Dear Parent /Guardian:

In order to better serve your child's health needs this school year, please complete the following survey. Please note that this information will not be shared without your permission.

Thank you for your cooperation in helping us provide your child a healthy school year.

Does your child take any medication on a regular basis? If yes, what is the name of the medication and what is it prescribed for? _____

Does your child have any medical or physical problems (i.e. diabetes, seizure disorder, bleeding tendencies, tires easily, headaches, nosebleeds, hearing problems, physical limitations)? Please explain

Date they were diagnosed? _____

Does your child have any ALLERGIES _____ yes _____ no

If yes, what are they allergic to, what is the reaction and what is the treatment _____

Does your child have ASTHMA _____ yes _____ no

If yes, what triggers and attack (examples: exercise, seasonal, dust, animals) please explain

If yes, does your child use an inhaler? _____ yes _____ no If yes, when do they use it? _____

Does your child have any health issues or activity limitations that the nurse should be aware of? _____

Does your child wear glasses? _____ Contacts? _____

Is there any additional information about your child's health, development, behavior, family or home life that you want the school to be aware of? _____

IMMUNIZATION UPDATE (mandated for 6th grade only- at start of school year) – Tdap booster _____ Menactra _____

(* Please attach physician's immunization update sheet, only if you have not done so- thanks)

***IMPORTANT- If your child is participating in any sport this school year- a sport physical MUST be completed prior to try-outs!- PLEASE turn in appropriate forms (found in nurse's office and online under Tighe School's nurse link- thank you!**

Please Check One of the Following

_____ I give my permission for the nurse to share this information with school personnel, If needed.

_____ I do not want this information shared with school personnel.

Parent/Guardian Signature _____ Date _____