

**Gorham School Department
Annual Student Health Update**

Please complete the following information and return it to school. This information is confidential and will assist school personnel in meeting the health needs of your child.

Child's name _____ Grade _____ Teacher _____

Current Medications (please include all medications your child is taking):

Medication	Dose	Schedule	Reason for Medication (diagnosis)

Health History:

Please list any health conditions or concerns about your child. Please do not assume we already have the information. This information should be provided annually to be sure we are up to date. Please include any concussion history, hospitalizations, mental health concerns, emergency care, fractures, or illnesses:

Please check the following information as it applies to your child:

Dental:

My child has regular dental care. yes ___ no ___

I am interested in free or low cost dental care available through school. yes ___ no ___

(If you are interested you must complete the Tooth Fairies consent form)

Vision:

My child wears glasses or contacts. yes ___ no ___

Please list any vision needs in school. _____

Hearing:

My child wears hearing aids or other hearing devices. yes ___ no ___

Please list any special hearing needs at school. _____

Allergies:

My child is allergic to _____

(all students with life-threatening allergies must have an annual doctor consent and parent permission on file for emergency medications-please see allergy plan form)

Asthma:

___ My child had asthma in the past but does not currently take any medications or require treatment

___ My child has asthma and takes medication that may be necessary at school

(Please have your child's physician complete an asthma plan)

School Nutrition needs:

My child has the following food restrictions:

By signing below, I give permission to share any of the above information about my child's health with school personnel for my child's ongoing safety at school. I also give permission for any school personnel to provide emergency care for my child including calling the rescue department as needed.

Parent/Guardian Signature _____ **Date** _____