

**North Beach School District No. 64**  
**HEALTH STATUS FORM**

Student: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Grade: \_\_\_\_\_

Parent/Guardian: \_\_\_\_\_ Phone: \_\_\_\_\_

Current Health Care Provider: \_\_\_\_\_ Phone: \_\_\_\_\_

Check the health concerns your child **currently** has:

ADD or ADHD

Allergies (*check all that apply*):  Bees  Foods  Animals  Drugs  Plants  Seasonal

Does your child use an Epipen?  Yes  No

Asthma Does your child use an Inhaler?  Yes  No

Mental Health Concerns: \_\_\_\_\_

Diabetes  Type 1  Type 2

Food/Diet Concerns: \_\_\_\_\_

Epilepsy/Seizures

Frequent Headaches

Bowel Concerns  Bladder Concerns

Hearing/Vision (*check all that apply*):  Wears hearing aids  Wears glasses/contacts  Preferential Seating

Other (*Please specify*) \_\_\_\_\_

**\* If your child needs to take over the counter and/or prescription medication at school including the use of an inhaler, an "Authorization for Medication at School" form must be signed by a parent/guardian and health care provider. You can obtain this form from your health care provider or the school office.**

This information will be shared with those who need to know to provide safe care for your child while in school. Please inform the school of any changes in your child's health status.

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date