This form CANNOT be submitted on-line
PLEASE PRINT OUT and return form to your school-Attn: Nurse

SCHOOL DISTRICT 103 **MAY, 2013**

This form is required yearly, prior to the first day of school, for each student in order to complete the registration process.

ANNUAL HEALTH UPDATE FOR 2013/14

Student: _____ _____ Grade: _____
(Last Name) (First Name)

Check all diseases/symptoms/diagnoses that the student has/had and provide further explanation below:

☐ Allergies:
- ☐ Seasonal Allergies
- ☐ Environmental Allergies
- ☐ Food (specify)

_____
_____
_____

☐ Asthma
☐ Behavioral Concern (describe)
☐ Bone/Joint Problems
☐ Blood Disorders
☐ Chronic Headaches/Migraines
☐ Concussion
☐ Contacts/Glasses
☐ Developmental Delay (describe)
☐ Diabetes

☐ Digestive Problems
☐ Ear Tube/Hearing Problems
☐ Heart Problems
☐ Hospitalization/Surgery
☐ Respiratory Disease
☐ Seizures
☐ Serious Injury
☐ Urinary/Elimination Problems
☐ None of the above

☐ Other _____

Further explanation of above conditions: _____

_____

List all routine daily medication (name, dose and time): _____

_____

For medication to be administered at school, the Authorization to Administer Prescription and /or Over-the-Counter Medication form is required.

_____ _____ _____
Physician Name Phone Hospital Preference

Emergency Medical Treatment

In a medical emergency, I hereby authorize School District 103 to seek emergency medical assistance for my child if I cannot be reached.

Parent/Guardian _____ _____
(Last Name) (First Name)

_____ _____
(Signature- Required Yearly) (Date)

INFORMATION MAY BE SHARED WITH APPROPRIATE PERSONNEL FOR HEALTH AND EDUCATION PURPOSES.

For students entering Gr. K-2 send form to-Laura B. Sprague, 2425 Riverwoods Road, Lincolnshire, IL 60069
For students entering Gr. 3-4 send form to-Half Day School, 239 Olde Half Day Road, Lincolnshire, IL 60069
For students entering Gr. 5-8 send form to-Daniel Wright Junior High School, 1370 N. Riverwoods Road, Lincolnshire, IL 60069

2/13/13 cmm