

**Cass City Public Schools**  
**Annual Student Health Update Form**

Name of Student \_\_\_\_\_ Date \_\_\_\_\_ Grade \_\_\_\_\_

**Does your child have any of the following health problems?**

<u>Allergies:</u>	Yes	No	Please list: _____ Describe child's reaction: _____ Epi Pen            Yes            No
<u>Asthma:</u>	Yes	No	If on medication, please list: _____
<u>Diabetes:</u>	Yes	No	If on medication, please list: _____
<u>Seizures:</u>	Yes	No	If on medication, please list: _____
<u>Eye/vision:</u>	Yes	No	Wears glasses/contacts            Yes            No For reading books ____ For seeing distance ____ Both _____
<u>Ear/hearing:</u>	Yes	No	Right _____ left _____ Both _____

**Any other current or past problems?** (For example, frequent stomachaches, headaches, constipation, kidney problems, lactose intolerance, skin problems, foot or knee problems, heart condition, weight concerns, dietary concerns, broken bones or sprains)    Yes    No

Please explain: \_\_\_\_\_

Has your child had any recent/past surgeries?    Yes    No    Please list: \_\_\_\_\_

Is your child taking any medications on a regular basis?    Yes    No

Name of medication and reason of use: \_\_\_\_\_

**The following permission must be answered:**

If the parents or guardians are unable to be reached in an emergency, I give Cass City Public School permission to transport my child to the nearest medical facility. Yes \_\_\_\_\_ No \_\_\_\_\_

May the above health information be shared with appropriate school staff?    Yes \_\_\_\_ No \_\_\_\_\_

If only certain information can be shared, please list: \_\_\_\_\_

**Please place update form in envelope (for confidentiality) and address it to the school nurse and return it to your child's teacher as soon as possible. Thank You!! Any questions, please contact the school nurse at (989) 912-1812.**

Signature of parent /guardian \_\_\_\_\_ Date \_\_\_\_\_