

**Bangor Christian Schools  
Annual Health Update Form 2019- 2020**

**(Required each year, for each student.)**  
**Your child will not be admitted until this form is complete)**

In order to keep the individual school health record up to date, we are requesting that you complete this form and return it by **August 16<sup>th</sup>**. If you have more than one child you may make copies of this form or we can send you additional copies if needed.

Child's Name: \_\_\_\_\_ Grade Entering: \_\_\_\_\_

Contact Parent's Name: \_\_\_\_\_ Daytime Phone: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_

Date of most recent visit to: \_\_\_\_\_

Family doctor: \_\_\_/\_\_\_/\_\_\_ Name of Doctor: \_\_\_\_\_ Phone #: \_\_\_\_\_

Eye Doctor: \_\_\_/\_\_\_/\_\_\_ Name of Eye Doctor: \_\_\_\_\_ New Glasses? \_\_\_\_\_

Dentist: \_\_\_/\_\_\_/\_\_\_ Name of Dentist: \_\_\_\_\_

Does your child have any current medical problems (such as asthma, diabetes, seizures, heart condition, ADHD, etc)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, please list: \_\_\_\_\_

Does your child take any medications regularly? Yes \_\_\_\_\_ No \_\_\_\_\_

Please list all medications: \_\_\_\_\_

Does your child have a special diet for health reasons (including lactose issues)? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, type of diet: \_\_\_\_\_

**Check here if no changes in health status from last year, and sign below.**

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During the summer or past year, has your child had any of the following?

Illness, accident or operation? If yes, please list and **include dates:** \_\_\_\_\_

Immunizations or boosters? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, **NAME OF VACCINE & DATE GIVEN:** \_\_\_\_\_

**If yes, also send or fax (262-9528) a photocopy of the shot(s) with doctor's stamp or signature. When your child receives any immunizations during the school year, please send in the name of the immunization and date given.**

List date if your child received the H1N1 vaccine **in the past year:** \_\_\_\_\_

ALLERGIES? (Including bee stings, peanut, tree nuts, etc.) \_\_\_\_\_

If you listed allergies, does your child need an Epi-Pen, (epinephrine injection, or Benadryl?)

Yes \_\_\_\_\_ No \_\_\_\_\_ **IF YES, NAME OF MEDICATION:** \_\_\_\_\_

If your child has an epi-pen, (epinephrine injection) does he/she administer it? Yes \_\_\_\_\_ No \_\_\_\_\_

If your child takes Benadryl, what is the dose? \_\_\_\_\_

Has your child ever had a concussion? Yes \_\_\_\_\_, if yes date \_\_\_\_\_ No \_\_\_\_\_

Does your child have an inhaler? Yes \_\_\_\_\_ No \_\_\_\_\_ Does he/she administer it? Yes \_\_\_\_\_ No \_\_\_\_\_

It may be necessary to share health information with your child's teacher (verbally, in written form, or by e-mail) to ensure their safety and welfare. Please give your consent to the sharing of pertinent health information by signing below (if you have questions or concerns about this, please do not hesitate to call: 207-947-7356. **Please sign and return this form.**

**Parent's Signature:** \_\_\_\_\_

If your child has asthma, please fill in the information on the back of this sheet!

**SCHOOL ASTHMA RECORD**

1. What causes your child's asthma symptoms?

\_\_\_\_\_ Allergies

\_\_\_\_\_ Cold Weather

\_\_\_\_\_ Upper respiratory illness

\_\_\_\_\_ Exercise

\_\_\_\_\_ Other: \_\_\_\_\_

2. How often does your child have an acute episode? \_\_\_\_\_

3. Does your child use medication? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, give directions and time taken: \_\_\_\_\_

Please check type of medication used:

\_\_\_\_\_ Albuterol or Ventolin inhaler

\_\_\_\_\_ Theophylline

\_\_\_\_\_ Intal inhaler

\_\_\_\_\_ Vanceril inhaler

\_\_\_\_\_ Other: \_\_\_\_\_

4. Does your child routinely use a peak flow meter? Yes \_\_\_\_\_ No \_\_\_\_\_

If you think your child will need asthma medication during school hours in this school year, please check here: \_\_\_\_\_

We will send you a medication permission slip that you and your child's physician will need to complete. Please note that all prescription medications on school grounds need to carry an original prescription label and kept in the main office of the building in which your child attends.

5. Does your child understand asthma and what he or she should do to manage it?

Yes \_\_\_\_\_ No \_\_\_\_\_

If your child is experiencing an asthma episode and you feel they should not participate in gym or recess during cold weather, please notify the school.

Thank you for your help with keeping us informed of your child's medical history.

Lois Cole, R.N.

School Nurse