New Prague Area School – Health Services Annual Student Health History Update for Grades 1 – 12

nt's Full Name	School	Grade
cation Administration Form nee	eds to be completed for a student to receive	any medication during the school day.
Td (mo/day/yr) Other (mo/day/yr) r child able to participate	MMR (mo/day/yr) Hep [(mo/day/yr) required per MN Statute in regular physical education? no	b. B (mo/day/yr) e 121A.15] □ yes
Asthma Allergies Bee sting (mild or sever) Food Hayfever/Seasonal Diabetes Emotional/Behavioral ADD(H) Anxiety Depression Other Epilepsy/Seizures Headaches Treated with Hearing concerns	re) Heart Co Dizzir Other Noseblee Sinus Inf Sore thro Vision Co Wears Wears Other Stomach Stomach Stomach Other Ulcer Other Weight co	ondition ness/Fainting edsfrequent ectionsfrequent pats/coldsfrequent oncerns s glasses s contacts concerns achaches s
	bur child had any changes a, describe bur child had any contagic a, describe your child take medication cation Administration Form need cation bur child received any imm Td (mo/day/yr) other (mo/day/yr) other (mo/day/yr) r child able to participate in Limitations/concerns er to better maintain your Asthma Allergies Bee sting (mild or seven Food Hayfever/Seasonal Diabetes Emotional/Behavioral ADD(H) Anxiety Depression Other Epilepsy/Seizures Headaches Treated with	bur child had any changes in his/her health during the past yea a, describe

Check here if your child does not have any health concerns.

I understand that the information provided above will be shared in a confidential manner with appropriate staff members who need to know in order to provide for the health needs and safety of my student. I will keep the school informed of any changes in health status or contact information. Information provided on this form is true and accurate. This information may also be shared with summer school staff when appropriate.

Parent/Guardian Signature