

Completion of this form is required before the student can start school - unless a complete Indiana State Department of Health record is on file. Please attach a copy of your child's official immunization record and return this form and the immunization record to the school's office as soon as possible, but no later than Friday, August 9th.

Annual Health Update - 2024-2025 School Year

Please complete **BOTH** sides of this form and return with student's immunization records.

Please Note: This form is ***NOT*** a physical exam to be completed by a physician. Parent or Guardian is to provide the information requested here to alert teachers and update the child's school health record each new school year.

Student Name: _____ Date of Birth: ____/____/____

Street Address: _____

City: _____ State: _____ Zip: _____

Child Lives With: Both Parents Father Mother Guardian

Name(s): _____ Phone: _____

Surgical History

Date of Surgery	Type of Surgery
_____	_____
_____	_____

Recent Hospitalization

Date of Hospitalization	For What Condition
_____	_____
_____	_____

Other Health Concerns

Please list any health concerns or conditions that the teaching staff should know or be alert to:

History and illness diagnosed by physician: (Give date of onset)

ADD / ADHD _____ Allergies: _____
Orthopedic/Bone _____
Chicken Pox _____
Asthma _____
Neurological/Seizures _____
Strep Infection _____
Diabetes _____
Coronavirus (Covid-19) _____
Heart/Blood Problems _____
Ear Infections/Hearing Problems _____
Vision Problems (glasses/contacts) _____
Other _____

Parent(s) Name _____ Date _____

Parent(s) Signature _____