

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 8th.*

Annual Health Update - 2025-2026 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 _____