



**Perry County School District #32
Annual Health Office Emergency Form
Must be Completed by Parent/Guardian**

Student Name _____ **Grade** _____
Birth Date _____ M/F _____ Please submit any new immunizations.

CURRENT MEDICAL DIAGNOSES BY A PHYSICIAN

DIAGNOSIS	YES	NO	PLEASE SPECIFY	DIAGNOSING/FOLLOWING PHYSICIAN INFORMATION
Life Threatening Allergy			** If yes, Allergy Action Plan Required **	
Food/Drug/Other Allergy			** Food: Special Meal Form Required **	
Asthma			** If yes, Asthma Action Plan Required **	
Seizure Disorder			** If yes, Seizure Action Plan Required **	
Diabetes			** If yes, Diabetic Action Plan Required **	
Heart Condition				
GI Disorder				
ADD/ADHD				
Anxiety/Depression				
Other Mental Health				
Other Health Conditions				
Medication at School			** If yes, Medication Forms Required **	
Emergency Medication			** If yes, Medication Forms Required **	

To ensure safe care of your child, pertinent health information may be shared with appropriate school staff on a need to know basis. Emergency care will be provided as needed by school staff.

NOTICE OF AGREEMENT - I agree to alert the school nurse of any change in medication or health concerns of my child. I give authorization for the nurse/trained staff to provide basic first aid with over the counter supplies, to treat minor issues and provide a prompt return to class.

Do you give permission for trained staff to administer over the counter medications, per label instructions? Yes ___ No ___

I acknowledge that the above information is true and correct.

Signature of Parent/Guardian: _____ **Date:** _____

**PLEASE UPDATE STUDENT'S CONTACT SUMMARY INFORMATION ONLINE
FOR EMERGENCY CONTACTS/ALLOWED TO LEAVE**