

Central DeWitt Community School District
Student Health Summary – to be completed by parent/guardian

This information is confidential, but may be shared with appropriate school personnel when necessary

Student Name _____ Date of Birth _____ Grade _____

Allergies: Please list allergies and describe severity of reaction

Environmental/Seasonal _____

Bee Sting allergy _____

Medication Allergy _____

Food Allergies _____

*If your student has a severe food allergy there is a Diet Modification Request Form that will need to be completed.

Epi-Pen prescribed? _____ Yes _____ No

Asthma _____ Yes _____ No

If Yes, will your student require an inhaler at school? _____ Yes _____ No

*If your student will have an inhaler at school there is a Parental Authorization for Asthma or Airway Constricting Medication Self-Administration Consent Form that will need to be completed.

Diabetes _____ Yes _____ No

Heart Condition _____ Yes _____ No

If Yes, name of condition and any activity restriction required _____

ADHD/ADD _____ Yes _____ No

Diagnosed with Anxiety or Depression _____ Yes _____ No

Glasses/Contacts _____ Yes _____ No

Hearing/Speech Concerns _____ Yes _____ No

Headaches/Migraines _____ Yes _____ No

Head Injury/Concussions _____ Yes _____ No

If yes, when and how _____

Epilepsy/Seizures _____ Yes _____ No

Surgeries or serious injuries/illnesses _____ Yes _____ No

If Yes, please describe and list date/age when occurred _____

Other Health Conditions or Concerns _____

Please list medications taken regularly at home or school and specify frequency and reason for use

*Medications taken at school (over-the-counter and prescription) need to be in the original labeled container and a Parental Authorization and Release Form for Administration of Prescription Medication to Students will need to be completed. The prescriber's written authorization is required for prescription medications, including inhalers and Epi-Pens.

Parent/Guardian Signature _____ Date _____

*The food allergy, inhaler and medication forms mentioned above can be downloaded from the Central DeWitt School District website www.cd-csd.org under "District" and "Parent Information & Forms" then scroll down to "Health Information/Forms". You may also get these forms by contacting Sue Hasenmiller at 563-559-0473 or sue.hasenmiller@cd-csd.org.