



RE: 2011-2012 School Year

Dear Parents/Guardians,

Diocesan guidelines recommend that teachers be provided with **YEARLY** updated information on each child to be able to respond in the event of an emergency. This confidential information will be available to the principal, teachers, substitute teachers, office personnel, and school nurse. This form is to be filled out for **EACH STUDENT**. **Please note: Illinois School Code states the only medication a student may carry on his person is his Asthmatic Inhaler after a parent and a physician complete the proper forms.** If your child does need to take medication while at school, **please REQUEST FORMS FROM THE SCHOOL OFFICE, WHICH MUST BE COMPLETED BY THE PHYSICIAN AND PARENT.** After you have labeled your child's medication please drop it off in the office.

Student Name: _____ **Grade:** _____

Does your child have any allergies? (i.e., medication, food, etc.) ___Yes ___No

Please List Allergies: _____

Does your child have a diagnosis of Asthma? ___Yes ___No

If yes, does he/she use an inhaled rescue medication? ___Yes ___No

If yes, will he/she use this medication at school? ___Yes ___No

Does your child have a diagnosis of ADHD/ADD? ___Yes ___No

If yes, does he/she take medication? ___Yes ___No

Has your child had any serious illnesses, injuries, hospitalizations, or surgeries?

___Yes ___No

If yes, please specify. _____

Does your child take any medications? ___Yes ___No

Please list medications?

Is there anything else concerning your child's health that the teacher or nurse should know? ___Yes ___No

If yes, please specify. _____

SIGNATURE of PARENT/GUARDIAN _____

Please Print Parent Name: _____ **Dated:** _____