HIGHLANDER ACADEMY

REQUIRED ANNUAL HEALTH STATUS FORM SCHOOL YEAR: 2023 - 2024

In order to plan for your child's health care needs during school hours we need current health information. Please complete and return to the Highlander Academy office at the time of registration. Your child's health information may be shared with school staff as needed.

Student		**Grade**
Birth Date	**Age**	**Gender ☐ Male ☐ Female**

Parent/Guardian/Emergency Contacts	**Relationship**	**Phone**
Call 1st		**Home: Cell:**
		Work:
Call 2nd		**Home: Cell:**
		Work:

Student's doctor/healthcare provider: _____ Phone: _____
Student's dentist: _____ Phone: _____

INDICATE IF STUDENT HAS BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:

Health Condition	Yes	No	Explanation if "Yes"
Severe Allergies (that require emergency medical intervention)	☐	☐	**Check type of allergy(s) that apply:**
			☐Medication ☐Food ☐Bees/Insects ☐Other
			Identify specific allergy(s):
			Does your child require an Epipen? ☐Yes ☐No
Asthma	☐	☐	**Date of last asthma attack:**
			Medication for asthma:
			Does your child need this medicine at school? ☐Yes ☐No
Diabetes	☐	☐	**☐Type 1 (Insulin Dependent) ☐Type 2 (Oral medication) or ☐ Prediabetes**
			Medication for diabetes:
			Does your child need this medicine at school? ☐Yes ☐No
Seizure Disorder	☐	☐	**Date of last seizure:**
			Medication for seizures:
			Does your child need this medicine at school? ☐Yes ☐No
Heart Condition	☐	☐	**Specify: Treatment:**
Hemophilia/Bleeding Disorder	☐	☐	**Specify: Treatment:**
Bowel/Bladder Issues	☐	☐	**Specify:**
Migraine Headaches	☐	☐	**Triggers: Treatment:**
Bone/Muscle Problems	☐	☐	**Specify: Activity Restrictions:**
ADD/ADHD	☐	☐	**Medication for ADD/ADHD:**
Wears Glasses/Contacts	☐	☐	**☐Glasses ☐Contacts → ☐For Distance ☐For Reading**
Other Serious Illness or Injury	☐	☐	**Specify: Date of Onset:**
Medication (Prescription or OTC) taken on a regular basis	☐	☐	**List (if not already listed above):**
Mental Health Behavioral Issues	☐	☐	**Specify:**
			Treatment/Medication:
Hearing Loss	☐	☐	**☐Hearing Loss Right Ear ☐Hearing Loss Left Ear**
			Does your child wear a hearing aid(s)? ☐Yes ☐No

*Please contact the school office of any change(s) in medication and/or health status of your child.

PLEASE COMPLETE REVERSE SIDE OF HEALTH FORM

The only medications that Highlander Academy may dispense at school are those provided to the school by parents. If your child requires medication that may need to be dispensed at school, please list the medications below. This medication must be provided to the office clearly labelled and with written dosage instructions from the parents.

Medication to be dispensed by Highlander Academy:

_____

_____

_____

_____

_____

If a student needs to carry medications such as insulin pens or Epi-pens on their person, then please indicate these below. Otherwise, no student is allowed to carry medication at school, and doing so will result in disciplinary measures.

Medication in Student's Possession:	**Dosage Instructions:**
_____	_____
_____	_____
_____	_____

No student is allowed to share medication with other students!

Additional Notes or Comments:

_____

_____ _____ _____

Parent/Guardian Signature Printed Name Date