

**Anchor Bay School District
Student Health Status Form**

Child's Name _____ Date of Last Tetanus Shot (DTP shot) _____

Student Health Status

Please list any conditions that might limit or restrict your child's participation in the program. This includes physical, emotional, or behavioral.

Are there any allergies or special needs that we should be made aware of? ___Yes ___No

Does your child take any medication on a regular basis? ___Yes ___No

If yes, will the medication need to be administered while attending this program? ___Yes ___No

If yes, I understand that I will need to complete a medication form and obtain a physician's signature and provide the staff with the original container with my child's name, dosage, and time to be taken on the label, as well as, a small photograph of my child to be attached to the medication form.

Name of medication? Purpose of medication?

Are there any side effects that we should be made aware of?

Please initial next to the statement below that best applies to _____

(Child's Name)

_____ My child is in good health and has no medical or educational limitations or restrictions.

_____ My child's participation is limited due to the above conditions.

_____ My child's immunizations are up-to-date.

_____ My child's immunizations are on file with the child's school.

Parent/Guardian Signature _____ Date _____