

USD#291 GRINNELL GRADE/MIDDLE SCHOOLS- HEALTH UPDATE

Student Name: _____ Grade: _____

HEALTH NEEDS/CONCERNS:

In order for us to be able to share your child's health concerns with school staff, we need you to fill out this form at the beginning of each school year. WE MUST HAVE YOUR SIGNATURE BEFORE WE CAN SHARE INFORMATION WITH STAFF MEMBERS.

Special health needs or concerns: _____

Allergies: _____

Please list any medications that your child takes on a regular basis: _____

I also give my consent for immunizations on my students to be released to the KS Immunization Program (Kansas Web IZ) for the purpose of assessment and reporting: _____ Yes _____ No

Parent/Guardian Signature

Date

Telephone Number

HEALTH SERVICES PROVIDED THROUGHOUT THE SCHOOL YEAR:

PRE-SCHOOL- Vision, Hearing, Speech, Developmental, Dental, BMI, Height & Weight Assessment

ELEMENTARY- Vision, Hearing, Dental, BMI, Height, and Weight Assessment

JR.HIGH- Vision, Hearing, Dental, BMI, Height and Weight Assessment

Refusal Notice:

I do not want my child screened: _____

(Parent/Guardian Signature)

THESE HEALTH SERVICES WILL BE PROVIDED FOR ALL STUDENTS UNLESS THIS SIGNED REFUSAL FROM PARENT/GUARDIAN IS RETURNED TO THE SCHOOL OFFICE BY SEPTEMBER 1ST.