



Annual Health Update 2023-2024

Dear Parent/Guardian,

The medical/health information forms are kept confidential and will help school personnel meet the needs of your child. Medical records are kept in the nurse's office.

Student Name:	DOB:
RT Advisor/HR Teacher:	Grade:
Student's Physician:	Physician Phone:
Insurance:	Policy #:
Health Problems (if your student has asthma requiring treatment, the health care provider must complete an RSU 16 asthma action plan)	
Hospitalization(s) or treatment(s) by a physician since last year:	
Restrictions that your student may have:	
*Your student's medication, dosage, time of administration and reason for med (if medication to be given at school, an Authorization to Administer Medication must be completed):	
*List all allergies with the symptom(s) student experiences (<u>Must include a note from a medical provider and a completed Food and Allergy Anaphylaxis Plan</u>):	
Additional Information or Concerns	

NOTE: If your child uses an inhaler, epi-pen or insulin you must provide a healthcare provider note giving them permission to carry the inhaler and/or epi-pen, along with providers plan for your student.

Signed (Parent/Guardian) _____ **Date** _____