Stark County District #100 Annual Health Information Update 2020-2021

Student Name:	Date of Birth:	Grade
Please complete the Annual Health I conditions that might affect your chi	Information Update for your c ild's school day or extra-curric	hild. Include any minor and/or serious medical ular activities. Include any special instructions
My child does NOT have any kno	wn health concerns	
ADHD or related condition		
Medications at school		
Medications at home		
that require an Epi-po Other Allergy	e) – Food Allergy Action Plans en. ns require Medical Authorizat	s are required for severe food allergies tion Form)
Inhaler at schoolNebulizer treatments a	it school	equired Medical Authorization Form
	updated yearly along with re	quired Medical Authorization Forms.
Seizures (type)		
Other Medical/Health Concern		
Other Medications taken at scho		
Does your child need to take any me Form (Included in this packet). NO n signed, by parent and physician, for	nedication (including Over-the	se complete the Medication Authorization e Counter Meds) can be given without a
All Action Plans and forms are locat office.	ed at <u>http://stark100.com/co</u>	mmunity/district-forms/ or in your school
with my child. This information will be used treatment is required for my child and the p	I if necessary for safety at school, on parent/legal guardian cannot be reac	pool staff and district transportation providers working field trips and other school activities. If emergency the dimmediately my signature gives permission to insporting my child via ambulance to a hospital
Parent/Guardian Signature	Da	ate