

**Kewanee School District #229**  
**Annual Health Information Update 2020-2021**

Student Name:	Date of Birth:
School:	Grade:

Dear Parent/Guardian:

Please complete the **Annual Health Information Update** for your child. Include any life threatening health problems or serious medical conditions that could pose a risk for your child during the **school day or at extra-curricular activities**. Return this form to your child's school for review by the school nurse.

\_\_\_\_\_ My child does **NOT** have any known health concerns.

\_\_\_\_\_ *My child has the following health concern:* (Please include any emergency instructions)

\_\_\_\_\_ **Allergies:**

\_\_\_\_\_ **Bee Stings Allergy**

\_\_\_\_\_ **Food Allergy (include type)**

\_\_\_\_\_ **Latex Allergy**

\_\_\_\_\_ **Other Allergy:**

\_\_\_\_\_ **Asthma:**

\_\_\_\_\_ **Diabetes:**

\_\_\_\_\_ **Seizures (include type):**

\_\_\_\_\_ **Other:**

**My signature gives permission to share this health information with school staff and district transportation providers working with my child. This information will be used if necessary for safety at school, on field trips and other school activities.**

---

**Parent/Guardian Signature**

---

**Relationship**

---

**Date**