

**BROADWATER ACADEMY ANNUAL STUDENT HEALTH UPDATE FORM**

Student \_\_\_\_\_ Gr. \_\_\_\_\_ Date of Birth \_\_\_\_\_

Previous Child Day Care Programs and Schools Attended \_\_\_\_\_

If Child Attends Broadwater and Another School/Program, Give Name of School/Program \_\_\_\_\_

\_\_\_\_\_ Grade \_\_\_\_\_

Date of last Physical Exam \_\_\_\_\_ Physician's Name/Phone \_\_\_\_\_

Date of last Dental Exam \_\_\_\_\_ Dentist's Name/Phone \_\_\_\_\_

Date of last Eye Exam \_\_\_\_\_ Glasses/Contacts: Full Time/ Distance/ Reading (circle all that apply)

Health Insurance Company \_\_\_\_\_ Policy # \_\_\_\_\_ Group # \_\_\_\_\_  
 Policy Holder's Name \_\_\_\_\_ If student does not have ANY health insurance coverage, write: "NONE"

Check ONE column to RIGHT and COMMENT, if applicable

Health History (describe & note any medications currently used)	Yes (please describe)	No
Allergies food/ drug/ seasonal	Anaphylaxis?	
Asthma	Inhaler?	
Chicken Pox / Mononucleosis		
Diabetes		
Ear Infections, Hearing Problems		
Seizures/Fainting		
Fractures/Dislocations/Sprains		
Frequent Headaches		
Heart Problems/Murmurs		
Kidney or Urination Problems		
Major Head/Neck/Back Injury	Concussion?	
Psych/Emotional/Behavioral Concern		
Respiratory Infections		
Bleeding Problems		
Skin Problems/Rashes		
Stomach/Bowel Problems		
Throat Problems		
Eye/Vision Problems		
Other (specify)		

Student \_\_\_\_\_ Grade \_\_\_\_\_ Date of Birth \_\_\_\_\_

Has the student received any immunizations within the last year? Yes No  
If yes, please provide the health office with an updated immunization record.

Has the student been seen by MD or in the ER in past 3 months? (reason/results/recommendations)  
\_\_\_\_\_

History of Hospitalizations/Operations (explain) \_\_\_\_\_  
\_\_\_\_\_

List ALL medications , OTC and prescription. (For any medication that needs to be given during the school day, please see the medication policy posted on the Broadwater Academy website.)  
\_\_\_\_\_

Does your child have any chronic physical problems/pertinent developmental information/ or special accommodations needed? \_\_\_\_\_

May the above information be shared with appropriate school staff, if the Nurse deems it necessary? Yes No

If only certain information can be shared, please list: \_\_\_\_\_

I give permission for the school nurse to administer the following medications according to the manufacturer's instructions (Exception: Pre-K students must have a signed Virginia Medication Consent form on file) Circle all that apply:

Acetaminophen

Ibuprofen

Cough Drops

Preferred method of communication from the Health Office \_\_\_\_\_

Agreements

Broadwater Academy agrees to notify the parent(s)/guardian(s) whenever the child becomes ill and the parent(s)/guardian(s) will arrange to have the child picked up as soon as possible if so requested by Broadwater Academy.

The parent(s)/guardian(s) agree to inform the Broadwater Academy within 24 hours or the next business day after their child or any member of the immediate household has developed a reportable communicable disease, as defined by the State Board of Health, except for life threatening diseases which must be reported immediately.

If the parents/guardians are unable to be reached in an emergency, I give Broadwater Academy permission to transport my child to the nearest medical facility via ambulance and to call my child's physician and follow his/her orders.

I give permission for the school nurse to communicate with my child's healthcare provider regarding pertinent health information. Yes No

Parent(s)/Guardian(s) Signature \_\_\_\_\_ Date \_\_\_\_\_