

ROUND LAKE/BREWSTER PUBLIC SCHOOLS
Annual Health Information 2007-08

Student Name: _____ Birthdate: _____ Grade: _____

Health Conditions:

Allergies:

Medications taken both at school and at home:

Any student that has medication administered by school personnel must follow the district's student medication policy. An "Authorization for Administration of Medication" form must be filled out if your child is to take medication(s) at school. Both the policy and forms are available in the Student Handbook and on the school website: www.rlb.mntm.org.

Please list any other health concerns or conditions that your child may have:

Please list the dates (mo/day/yr) of any new immunizations that your child has received in the last 12 months:

Health information will be kept confidential and may be shared with appropriate school personnel on a professional basis only when necessary in order to keep the student healthy and safe and /or to improve the student's educational outcome. As parent or guardian of the above named student, I grant my permission to share health information as stated above to promote my child's health, safety, and/or educational outcome. I also give the school district permission to share immunization information with my child's medical clinic, doctor, and/or Nobles/Rock Community Health Services.

(Parent/Guardian Signature)

(Date)

Expires one year from date signed, unless revoked in writing earlier.