

# Flora Macdonald Academy

## REQUIRED ANNUAL HEALTH STATUS FORM - SCHOOL YEAR: 2026 - 2027

In order to plan for your child's health care needs during school hours we need current health information. Please complete and return to the Flora Macdonald Academy office along with your Enrollment Contract. Your child's health information may be shared with school staff as needed.

Student Name		Grade
Birth Date	Age	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
Parent/Guardian/Emergency Contacts	Relationship	Phone
Call 1 <sup>st</sup>		Home: _____ Cell: _____
		Work: _____
Call 2 <sup>nd</sup>		Home: _____ Cell: _____
		Work: _____

Student's doctor/healthcare provider: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Student's dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

**INDICATE IF STUDENT HAS BEEN DIAGNOSED WITH ANY OF THE FOLLOWING:**

Health Condition	Yes	No	Explanation if "Yes"
Severe Allergies (that require emergency medical intervention)	<input type="checkbox"/>	<input type="checkbox"/>	Check type of allergy(s) that apply: <input type="checkbox"/> Medication <input type="checkbox"/> Food <input type="checkbox"/> Bees/Insects <input type="checkbox"/> Other
			Identify specific allergy(s):
			Does your child require an Epipen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="checkbox"/>	<input type="checkbox"/>	Date of last asthma attack:
			Medication for asthma:
			Does your child need this medicine at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Type 1 (Insulin Dependent) <input type="checkbox"/> Type 2 (Oral medication)    or <input type="checkbox"/> Prediabetes
			Medication for diabetes:
			Does your child need this medicine at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Seizure Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Date of last seizure:
			Medication for seizures:
			Does your child need this medicine at school? <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Condition	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment: _____
Hemophilia/Bleeding Disorder	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Treatment: _____
Bowel/Bladder Issues	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
Migraine Headaches	<input type="checkbox"/>	<input type="checkbox"/>	Triggers: _____ Treatment: _____
Bone/Muscle Problems	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Activity Restrictions: _____
ADD/ADHD	<input type="checkbox"/>	<input type="checkbox"/>	Medication for ADD/ADHD: _____
Wears Glasses/Contacts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Glasses <input type="checkbox"/> Contacts    → <input type="checkbox"/> For Distance <input type="checkbox"/> For Reading
Other Serious Illness or Injury	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____ Date of Onset: _____
Medication (Prescription or OTC) taken on a regular basis	<input type="checkbox"/>	<input type="checkbox"/>	List (if not already listed above):
Mental Health Behavioral Issues	<input type="checkbox"/>	<input type="checkbox"/>	Specify: _____
			Treatment/Medication: _____
Hearing Loss	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Hearing Loss Right Ear <input type="checkbox"/> Hearing Loss Left Ear
			Does your child wear a hearing aid(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No

\*Please contact the school office of any change(s) in medication and/or health status of your child.

***PLEASE COMPLETE REVERSE SIDE OF HEALTH FORM***

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The only medications that Flora Macdonald Academy may dispense at school are those provided to the school by parents. If your child requires medication that may need to be dispensed at school, please list the medications below. This medication must be provided to the office clearly labelled and with written dosage instructions from the parents.

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**Medication to be dispensed by Flora Macdonald Academy:**

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*If a student needs to carry medications such as insulin pens or Epi-pens on their person, then please indicate these below. Otherwise, no student is allowed to carry medication at school, and doing so will result in disciplinary measures.*

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**Medication in Student's Possession:**

**Dosage Instructions:**

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**No student is allowed to share medication with other students!**

**Additional Notes or Comments:**

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Parent/Guardian Signature

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Printed Name

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Date