# MONONA GROVE SCHOOL DISTRICT
# HEALTH CONCERNS QUESTIONNAIRE

**Parents/Guardian(s):** To help us meet your child's health related needs, please complete any section below that applies to your child. Do nothing if there are no special needs or concerns.

| Student's Last Name: | First Name: | Middle Name: | Grade: | Age: |
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□ **NO HEALTH CONCERNS**

□ **ASTHMA**: How often does your child have attacks? Date of last attack:

***Causes of attack:*** □ allergies □ infections □ weather □ exercise □ emotions
□ other:

***Usual Symptoms:*** □ wheezing □ coughing □ tight chest □ difficulty breathing
□ bluish lips/fingernails □ other:

***Treatment:*** □ rest □ liquids □ breathing exercises
□ medication taken at home:

□ medication taken at school:

□ **ALLERGIES:** What causes an allergic reaction in your child?

***Reactions include:*** □ rash □ hives □ redness □ swelling □ itching
□ difficulty swallowing/talking/breathing □ weakness/dizziness □ fainting/loss of consciousness
□ other:

***Treatment:*** □ medication taken at home:

□ medication taken at school:

***Describe action to be taken in case of reaction at school:*** □ call parent **OR** □ call EMS and:

□ **SEIZURE DISORDER:** Type of seizure: Age at diagnosis:

Average length of seizure: Date of last seizure:

Does your child take anti-seizure medication? □ Yes □ No

If no, how long has your child been off medication?

Please list any special instruction should your child experience a seizure at school:

□ **DIABETES:** □ Yes Please contact the school nurse bout your child's diabetic care at school and discuss with his/her teacher.

□ **HEART CONDITION**: Describe the problem and any activity restrictions:

□ **HEARING DIFFICULTY** Describe:

□ **VISION DIFFICULTY** Describe:

□ **OTHER HEALTH NEEDS OR CONCERNS:**

If you feel the school needs more information about your child's health needs, please contact the school nurse. Your signature below indicates your permission to share this health information with appropriate school personnel.

| Parent/Guardian 9fŠÔúŴ2yŴ Signature | Date |
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