

NORTHWESTERN SCHOOL CORPORATION
3075 N. Washington St
Kokomo, IN 46901

Dear Parent/ Guardian:

We would like a yearly update for your child's health record. Please note below any health problems, illnesses, or allergies that affect your child. It is very important that we know this information to ensure a healthy environment for your child. This information, with your consent, will be utilized to generate a **confidential** health problems list which will be given to our school staff.

Northwestern School Corporation Health Services

Student's Name _____ **Grade** ____
Physician's Name _____

MEDICAL SCHEDULE (home or school) _____

VISION/ HEARING PROBLEMS _____

ALLERGIES & TREATMENT _____

HEALTH HISTORY: Any medical condition that might affect your child at school and treatment for these conditions _____

Please **include** my child's health information that is provided above on a health problems list each year that my child attends Northwestern School Corporation. This list will be distributed to the appropriate Northwestern staff to ensure staff is aware in the event of an emergency.

Parent/Guardian Signature Date

You may update my child's health record with the above information. However, please **do not** include them on the list that will be distributed to Northwestern staff. **NOTE:** If you sign below, staff will not be informed of any special needs or problems your child may have.

Parent/ Guardian Signature Date

RETURN FORM TO BUILDING NURSE

The Mission Statement of Northwestern School Corporation is to provide effective learning environments where students reach their potential through exciting challenges and opportunities in preparation for the future.