

Mt. Pleasant School District #4

201 5th St NE
Rolla, ND 58367

Phone: 701-477-3151

Brad Nash, Superintendent

Kristin Mitchell, Elem. Principal
Randy Loing, HS Principal

Jessica Rosinski, Business Manager
Megan Odermann, Secretary

ANNUAL HEALTH HISTORY

Please complete Annual Health History for each child attending this school.

Return completed form to school office as soon as possible.

School Year: _____ Grade: _____ Birth Date: _____ Gender: M or F

Student Name: _____

Address: _____ Home Phone: _____ Cell: _____

Allergic to (foods, insects, medicines, etc.):

Type of Reaction (rash, difficulty breathing, etc.):

Current Medical Diagnosis or Disability- please circle if applicable:

ADD/ADHD	Asthma	Cancer/Leukemia	Cardiac	Cystic Fibrosis	Cerebral Palsy
Diabetes	Genetic	High Blood Pressure	Migraine	Muscular Dystrophy	Neurological
Seizures	Urological	Hearing Problems	Psychiatric Issues	Vision Problems	Other

Please Explain:

Medication	Dosage	Times Given	Reason for Medication

Is there anything else we need to know about your child? Yes or No (If yes please explain)

I give permission for my child to be given the medications listed above by the school administration.

Parent/Guardian: _____

Date: _____