

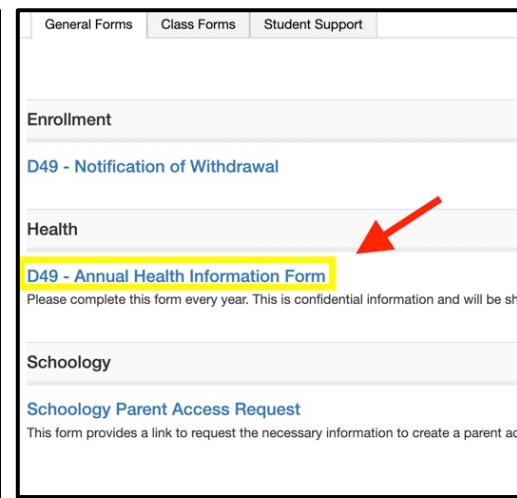
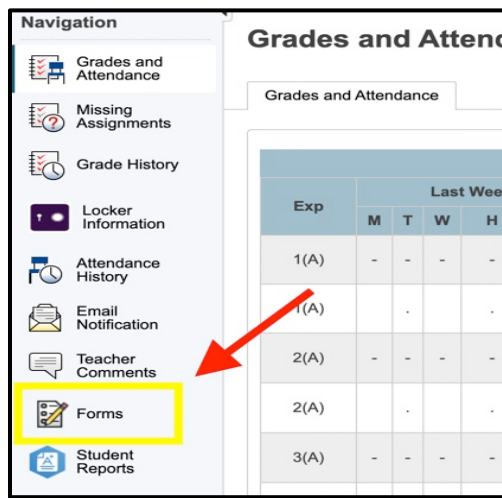
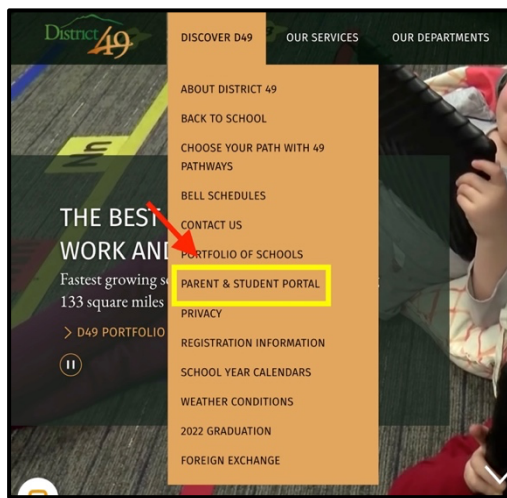
## School District 49 Annual Health Information Form Instructions

Welcome back to school! Whether you are new to School District 49 or a returning family, the start of the new school year is a busy and exciting time. We want your student(s) to be well supported in our schools, and that includes preparing for any medical needs your student may have. School District 49 asks that every year, an Annual Health Information Form is filled out by parents/guardians so that the school health office is able to reference important medical information should the need arise. This form has moved to a convenient online platform located within Parent Portal. Below you will find screenshots of how to access Parent Portal and submit the Health Information Form.


First, go to D49.org and select **Parent & Student Portal** from the **Discover D49** drop down menu.

Once logged into your portal, select the **Forms** button on the far left-hand side of the menu.

On the following screen, select the blue link that says **D49- Annual Health Information Form**.




**D49 - Annual Health Information Form**  
Please complete this form every year. This is confidential information and will be shared with school staff on a need-to-know basis.



**Annual Health Information Form**  
*This is confidential information and will be shared with school staff on a need-to-know basis.*

Student Name:  First, Last

Grade:

Teacher:  

Date of Birth:

Preferred Hospital:  x

Please check all **CURRENT** health conditions of your student: \*

<input type="checkbox"/> ADD/ADHD	<input type="checkbox"/> Allergies (Animal/Food/Seasonal)	<input type="checkbox"/> Anxiety
<input type="checkbox"/> Asthma	<input type="checkbox"/> Autism	<input type="checkbox"/> Bowel/bladder
<input type="checkbox"/> Bone/joint/mobility	<input type="checkbox"/> Depression	<input type="checkbox"/> Developmental delay
<input type="checkbox"/> Headaches/migraines	<input type="checkbox"/> Hearing loss	<input type="checkbox"/> Mental health concerns
<input type="checkbox"/> Seizure disorder	<input type="checkbox"/> Stomach issues	<input type="checkbox"/> Vision concerns
<input type="checkbox"/> Diabetes	<input type="checkbox"/> Other	<input type="checkbox"/> Not Applicable N/A

My student has additional health conditions. Including any hospitalizations or surgeries. \*

☐ Yes ☐ No

My student has other medical conditions which may impact their learning, including dietary or physical restrictions. \*

☐ Yes ☐ No

When directed to the fillable page to the left, complete all sections, scroll to the bottom of the page, and select the blue **Submit** button. If you would like to discuss any specific concerns with your student's School Nurse, please do not hesitate to call the health office.