

Health Update

Student's name \_\_\_\_\_ Date \_\_\_\_\_

School \_\_\_\_\_ Grade \_\_\_\_\_ D.O.B. \_\_\_\_\_

Dear Parent or Guardian,

Has your child had a major illness or been hospitalized since he/she first enrolled in school?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child have any chronic or recurrent health condition? (Asthma, epilepsy, diabetes, heart problem, insect sting sensitivity, depression, mental health problems, o)ther.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Does your child take medication? Regularly or periodically?  
List medications - - dosage and how often given.

\_\_\_\_\_  
\_\_\_\_\_

List medications taken previously - - Give approximate dates taken.

\_\_\_\_\_  
\_\_\_\_\_

Has your child had any changes in his/her behavior?

\_\_\_\_\_  
\_\_\_\_\_

Are there any other concerns or changes of which you feel the school needs to be aware?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Has your child received any immunizations since Kindergarten entrance? If so please bring in a copy of the medical documentation of the immunizations.

We appreciate your time in sharing your child's health history with us.  
If you have any questions or concerns please feel free to call your school nurse.

Signature \_\_\_\_\_, Relationship \_\_\_\_\_, Date \_\_\_\_\_