

School Year \_\_\_\_\_ Health Update

Welcome to a new school year! Your child is another year older and as they continue to grow they change. In order to best help meet your child's health needs during the upcoming year, it would be greatly appreciated if you would take a few moments to complete this form. This tool will be invaluable to me not only in keeping your child's health record up to date but also as a concise, reference guide. Thank you so much for your help!

Student Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Physician's Name and Number: \_\_\_\_\_

Dentist's Name and Number: \_\_\_\_\_

**Allergies:** Please list any and all sensitivities that your child may have to (foods, medications, environmental items, etc.) along with the typical reaction seen.

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**If your child has a severe allergy, do they require an Epi-pen at school? Yes No**

*\*\*\*If so, you will need to have your physician complete an anaphylaxis treatment plan*

**Medications:** If your child will need a medication to be administered on a regular basis at school, please list it here. *(Reminder: Any prescribed medication will require a consent form to be completed by a physician in order to be administered at school).*

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Also, if your child takes medications on a regular basis at home (daily, weekly, monthly), please list it here. *(This information is important as many symptoms that a child may present with can often be a side effect of a medication and this will aid me in forming a plan of care).*

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Does your child need to wear glasses/contacts (for near or distance work)? \_\_\_\_\_

**You know your child best-** please list any concerns (whether physical, developmental, behavioral, emotional, or social) that could be pertinent information for me to be aware of to help your child have a great year! *(Please use the back of this paper to answer this question as needed, thanks!)*

**What is the best way to reach you?** Just in case I have to call you during the day regarding your child, please list below the best number(s) to use to contact you.

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