The Maryland School for the Blind

Parent

HEALTH UPDATE FORM

Health Center - School Year 2016-2017

Student Name:  Date of Birth: 

Are there any new medical issues since last Fall? [ ]  Yes [ ]  No

If yes, please describe:

What medications does your child take at home?

(Please exclude those medications that the School administers)

Please list current allergies. Are there any new allergies?

Medication Allergies:

Food Allergies:

Environmental Allergies:

**[ ]**  **No Allergy to Medicine, Food or Environment**

CD/LB/cic:5/3/16