**The Maryland School for the Blind**

Parent

**HEALTH UPDATE FORM**

**Health Center - School Year 2018-2019**

**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:4/4/18