**The Maryland School for the Blind**

**Parent**

**HEALTH UPDATE FORM**

**Health Center - School Year 2022-2023**

**Student Name**:  **Date of Birth**: 

**Please Answer All Questions or Mark N/A**

**Are there any NEW medical issues since last Fall?**  Yes  No

If yes, please describe:

**What medications does your child take at home? Please list meds taken at home and school.**

**Include dosage, frequency, and times.**

**Please list current allergies. Are there any new allergies since last year?**

Medication Allergies:

Food Allergies:

Environmental Allergies:

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

**This information will be up to date as of the date this form is signed. I will keep the**

**Health Center informed of any changes in the health of my child to the best of my abilities.**

**Parent Signature Date**

PB/LB/cic:4/11/22