

**Parent**

**HEALTH UPDATE FORM**

 **Health Center - School Year 2023-2024**

**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.**

**Signature of Parent/Guardian**  **Date**

**Printed Name of Parent/Guardian**

PB/LB/cic:4/13/23