HEALTH UPDATE FORM

Health Center – School Year 2024-25

Student's Name: Click or tap here to enter text.

Date of Birth: Click or tap to enter a date.

Please Answer All Questions or Mark N/A

# **Are there any NEW medical issues since last Fall?**

[ ]  Yes

[ ]  No

If yes, please describe: Click or tap here to enter text.

# **What medications does your child take?** Please list meds taken at home and school. Include dosage, frequency, and times.

Click or tap here to enter text.

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

Medication Allergies: Click or tap here to enter text.

Food Allergies: Click or tap here to enter text.

Environmental Allergies: Click or tap here to enter text.

[ ]  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/Guardian Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: Click or tap to enter a date.

Printed Name of Parent/Guardian: Click or tap here to enter text.

PB/LB/cic:2/6/24