



The Maryland School for the Blind

3501 TAYLOR AVENUE BALTIMORE, MARYLAND 21236 410-444-5000

Parent

HEALTH UPDATE FORM Health Center - School Year 2026-2027

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: _____

Does your child have a known history of seizures? If yes, please describe a typical seizure.

In the event of a life-threatening emergency, medical treatment will be provided to all students following Maryland School for the Blind medical directives including the use of oxygen for respiratory distress, epinephrine for anaphylactic shock, and diastat for convulsive seizures.

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

Medications taken at school – _____

Medications taken at home only – _____

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