

Today's Date: \_\_\_\_\_

**MEDICAL UPDATE FORM****Student Name:** \_\_\_\_\_**Date of Birth:** \_\_\_\_\_**Grade:** \_\_\_\_\_ **Room #:** \_\_\_\_\_

**Please describe your child's past or present health related conditions or problems which could be of concern while at school.**

**General Health:** (circle) Excellent Good Fair Poor

**Health Problems:** Are there known health problems? Describe management and treatment.

Is student presently under a physician's care? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

**Injuries or accidents** during the past 12 months (describe):

**Hospitalizations** (recent, within 12 months, include reason):

**Allergies** (type):

**Medications:** Is student presently taking any medications? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please identify all medications being taken.

**Family Health:** Are all family members in good health? (check one) Yes \_\_\_\_\_ No \_\_\_\_\_ If no, please explain.

Is there any other information you would like to share with us that you feel could influence your child's academic success at school?