

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?