

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?