

ANNUAL HEALTH UPDATE

2019-2020

(returning students)

Student name: _____ Student grade: _____

Please update your child's health information below:

Doctor: _____ Phone: _____

In case of an emergency, please transport to _____ hospital.

Has your child had any injuries/illnesses within the last 12 months? ____ no ____ yes
(please list)

Does your child have any chronic conditions? ____ no ____ yes (please list)

Does your child take any medications? ____ no ____ yes (please list)

Medication/dose _____ *Taken for:* _____

Medication/dose _____ *Taken for:* _____

Medication/dose _____ *Taken for:* _____

Medication/dose _____ *Taken for:* _____

Do you have any comments or information that would help us care for your child? _____

I affirm that the information contained above is current and up to date.

Parent/Guardian Signature: _____ Date: _____