

Teacher \_\_\_\_\_

Grade \_\_\_\_\_

# HEALTH OFFICE UPDATE

*Please complete and return to your school nurse*

**\*\*\*In addition to this, Please update your parent portal information as well, with current phone numbers and emergency contacts\*\*\***

**STUDENT NAME:** \_\_\_\_\_ Male \_\_\_\_\_ Female \_\_\_\_\_

ADDRESS: \_\_\_\_\_  
last first CITY \_\_\_\_\_ ZIP: \_\_\_\_\_

#1 Parent or Guardian \_\_\_\_\_ #2 Parent or Guardian \_\_\_\_\_

Place of Business \_\_\_\_\_ Place of Business \_\_\_\_\_

Hours: \_\_\_\_\_ Hours: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**EMERGENCY CONTACT: If unable to reach parents(please provide a local phone number):**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

## Health History (update)

Please list any doctor diagnosed medical condition that your student has or developed over the past year:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Medications Taken Regularly:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Pediatrician: \_\_\_\_\_ Phone: \_\_\_\_\_

**\*\*I understand that this information may be shared with personnel involved with my child\*\*:**

\_\_\_\_\_

Parent signature