

LOWER MORELAND TOWNSHIP SCHOOLS
Huntingdon Valley, PA

HEALTH HISTORY UPDATE (please print legibly)

Notice to Parents: This form must be completed and returned as soon as possible. This will help to give us the new information which we need in order to keep your child's health records current.

Child's Name _____ Grade _____ Birth Date _____

Family Doctor _____ Phone _____

PLEASE ANSWER ALL ITEMS WITH YES OR NO

If YES, please explain

1. Any allergies – be specific _____

2. Any serious illness _____

3. Presently on any DAILY medication _____

If yes, list all medications and dosage: _____

4. Contacted a communicable disease _____

5. Operations _____

6. Periodically takes medication for _____ (Epipens, inhalers, etc.)

7. Immunizations given this past year (please include MD documentation with type and dates)

8. Started wearing glasses _____

9. History of seizures _____

10. Please list any new family changes, special health problems, equipment needs and medical treatments for your child _____

** I give permission for the nurse to administer Tylenol, Advil, Benadryl, Tums or Maalox to my child as per instructions on the bottle. **YES** _____ **NO** _____

If emergency treatment is required, the school authorities will use their own judgment in sending the child to the hospital or doctor most easily accessible, providing none of the guardians or emergency contacts on record can be reached.

DATE _____

SIGNATURE _____