

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 _____

last first

ADDRESS: _____ CITY _____ ZIP: _____

#1 Parent or Guardian _____ #2 Parent or Guardian _____

Place of Business _____ Place of Business _____

Hours: _____ Hours: _____

Cell Phone: _____ Cell Phone: _____

Email: _____ Email: _____

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

Name: _____ Relationship: _____ Phone: _____

Name: _____ Relationship: _____ Phone: _____

Health History (update)

Please list any doctor diagnosed medical conditions 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