

# Health Update - Dansville Central School

## 2021-2022 School Year

At the beginning of each school year we request parents to assist us in bringing their child's school health records up to date. With your help, we can assure your child's records are accurate in case of a medical emergency. If you have any questions or concerns please contact:

Erin Smith (Primary nurse) 335-4040

(EBH nurse) 335-4030

Student Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Grade: \_\_\_\_\_

Does your child have any medical conditions I need to be aware of:

Medication(s): **Yes or No** If yes, name of medication (s): \_\_\_\_\_

Asthma: **Yes or No** If yes, name of medication(s) they take: \_\_\_\_\_

Diabetic: **Yes or No** If yes, name of medication(s) they take: \_\_\_\_\_

Food Allergies: **Yes or No** If yes, what food(s) is your child allergic to? \_\_\_\_\_

Medication Allergies: **Yes or No** If yes, what medication(s) is your child allergic to? *(list below)*

Seasonal /Environmental Allergies?: **Yes or No** \_\_\_\_\_

Does your child have a special diet or medical routine they need to follow? **Yes or No** If yes, please explain: \_\_\_\_\_

Other medical conditions I should be aware of: \_\_\_\_\_

Does your child see a specialist or have any special restrictions for this condition? **Yes or No**  
If yes, please explain: \_\_\_\_\_

Does your child have any vision problems? **Yes or No**

Wear glasses or contacts? **Yes or No**

Have an annual eye exam? **Yes or No**

Does your child have any hearing problems? **Yes or No**

Wear hearing aids? **Yes or No**

May I share this information with your child's teacher(s)?

**Yes or No**

Parent signature: \_\_\_\_\_ Date: \_\_\_\_\_