

# Health Update - Dansville Central School

## 2023-2024 School Year

Please assist us in bringing your child's school health records up to date to assure their 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

Melinda Rittenhouse (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: \_\_\_\_\_

(Please note: ALL allergies/sensitivities require documentation from a doctor)

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

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

\_\_\_\_\_

Seasonal Allergies: **Yes or No** \_\_\_\_\_

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