

Northern York County School District

Elementary Health History Update

CONFIDENTIAL INFORMATION: Please fold and return this form to the nurse.

Student's Last Name: _____ First Name: _____ Date of Birth _____

Grade: _____ Teacher: _____ Phone _____

Dear Parent/Guardian: Please complete so that we may update your child's health information.

Circle the correct answer:

1. Has your child been in good health **in the past year**? Yes No

If no, explain: _____

2. Has your child had any of the following **in the past year**? Circle any that apply

allergic reaction asthma hospitalization surgery

Please explain: _____

3. Is your child presently under the care of a physician? Yes No

If yes, explain: _____

4. Is your child presently taking medication or had changes to medications? Please list: Yes No

Medication name	Dose	Time	Reason
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5. Will your child be taking prescribed medication during the school day? Yes No

Please list _____

6. I give permission for my child to have the following medications/treatments:

Generic Advil (ibuprofen)	Yes	No
Generic Tylenol (acetaminophen)	Yes	No
Generic Halls (cough drops)	Yes	No
Generic Tums (antacid)	Yes	No
Generic Benadryl (antihistamine)	Yes	No
Generic Caladryl (anti-itch lotion)	Yes	No
Generic antibiotic cream for skin	Yes	No
Generic Bee Sting Relief (skin anesthetic)	Yes	No
Generic Anbesol/Oragel (oral anesthetic)	Yes	No

7. When was the last time your child saw a dentist? Date visited: _____ Dentist's Name _____

8. Please list and provide the date of any immunizations that your child has received **in the past year**.

If your child has any special health needs or you have any concerns regarding your child, please call the health room nurse at your child's respective school.

Your signature below authorizes the release of the above requested medical information to the school staff so that we may respond to a medical emergency should the need arise. Please contact the nurse if you do not want the district to share this medical information.

Signature of Parent/Guardian _____ Date _____

Print Name _____

Visit your school website under the "health services" section for forms, health information and updates.