

Kingston City School District

ELEMENTARY STUDENT HEALTH UPDATE- to be completed by Parent/Guardian

Student:	DOB	Age	Grade	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date
In the past year, has your child:	Yes	No	If Yes, please explain below and include date:		
Developed a new Medical Condition?	<input type="checkbox"/>	<input type="checkbox"/>			
Developed any new allergies:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> food <input type="checkbox"/> environmental <input type="checkbox"/> insect <input type="checkbox"/> medication <input type="checkbox"/> other		
List names of food or other allergies:					
Had a bone/muscle injury?	<input type="checkbox"/>	<input type="checkbox"/>			
Had a concussion or serious head injury?	<input type="checkbox"/>	<input type="checkbox"/>			
Had a seizure?	<input type="checkbox"/>	<input type="checkbox"/>			
Had an exam by an eye doctor?	<input type="checkbox"/>	<input type="checkbox"/>			
Special Considerations			Please explain:		
Dietary Limitations	<input type="checkbox"/>	<input type="checkbox"/>			
Physical Limitations Did you provide a Doctor's note to the Health Office?	<input type="checkbox"/>	<input type="checkbox"/>			
Behavioral Concerns: Has your child shown any new signs of anxiety, sadness or acting out?	<input type="checkbox"/>	<input type="checkbox"/>			
Custody Concerns	<input type="checkbox"/>	<input type="checkbox"/>			
Medications: Home <input type="checkbox"/> School <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	List Medications:		
Other Concerns: (describe)	<input type="checkbox"/>	<input type="checkbox"/>			
My child has been healthy and there is no new information to share at this time.	<input type="checkbox"/>	<input type="checkbox"/>	Please share this medical information to those who care for my child to help keep them safe while at school.	<input type="checkbox"/>	<input type="checkbox"/>
	Yes	No		Yes	No
Parent/Guardian Signature:					