

## Health Update – Dansville Central School

### 2026-2027 School Year

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

Melinda Rittenhouse (EBH nurse)  
335-4030

Michelle Osgood (High School nurse)  
335-4010

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

Does your child have any medical conditions I need to be aware of? \_\_\_\_\_

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

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 or religious dietary restrictions: **Yes or No** If yes, please list \_\_\_\_\_

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

Other Allergies: **Yes or No** If yes, please list \_\_\_\_\_

Does your child have a special diet/medical routine they need to follow? **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: \_\_\_\_\_