

TULPEHOCKEN AREA SCHOOL DISTRICT
HEALTH HISTORY UPDATE

Dear Parent or Guardian:

In the interest of improved school health services, we want to update your child's school medical records. Please complete and sign this form, and return it to the school. Even if there is no new information to report, please sign and return this form to the school nurse.

Student Name

Grade

In the past has your child had an illness requiring medical treatment, serious injury or operation? Yes ___ No ___

If yes, please explain: _____

Is your child still under treatment? Yes ___ No ___

If yes, name of physician _____

List any restrictions involving school such as limited play or gym, special diet, etc.:

Is your child presently taking medication at home or school? Yes ___ No ___

Name, dosage, time of medication _____

Reason for medication _____

List any allergies such as food, medicine, insect bites, air pollutants that your child has. Please be specific: _____

Special instructions to school regarding allergies: _____

If your child has any additional health problems the school should know about, please list them: _____

If your child has had any immunizations this past year, please give names and dates:

Signature of Parent

Date