



27 Rehrersburg Road, Bethel PA 19507  
Bethel Elementary (717) 933-4131  
Penn-Bernville Elementary (610) 488-6248  
Tulpehocken Area Junior/Senior High (610) 488-6286

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:

\_\_\_\_\_

Is your child currently prescribed corrective lenses/glasses? Yes \_\_\_ No \_\_\_

\_\_\_\_\_ Signature of Parent

\_\_\_\_\_ Date