

## **Health Update – Required for all new students**

Must be completed by the student's parents upon entry to the school and placed on file in the health room.

**Full Name** \_\_\_\_\_ **BirthDate** \_\_\_\_\_ **Grade** \_\_\_\_\_

1. Has your son had any injuries requiring medical attention during the past year? Yes No  
If yes, please explain: \_\_\_\_\_
2. During the past year, has your son had an illness lasting more than a week? Yes No  
If yes, please explain: \_\_\_\_\_
3. Is your son presently under a physician's care? Yes No  
If yes, please explain: \_\_\_\_\_
4. During the past year, has your son had surgery? Yes No  
If yes, please explain: \_\_\_\_\_
5. Does your son presently take any medications? Yes No  
If yes, please explain: \_\_\_\_\_
6. Is your son allergic to any medications, foods or insects? Yes No  
If yes, please explain: \_\_\_\_\_
7. Has your son ever been treated for diabetes? Epilepsy? Asthma? Yes No  
If yes, please explain: \_\_\_\_\_
8. Has your son ever been told he has a heart murmur? Yes No  
If yes, please explain: \_\_\_\_\_
9. Does your son wear glasses or contacts? Circle where applicable Yes No
10. Has your son ever sustained a head or neck injury that caused him to seek medical assistance? Yes No  
If yes, please explain: \_\_\_\_\_

I/We give permission for the above information to be shared with faculty and administration.

\_\_\_\_\_  
Parent/Guardian signature

\_\_\_\_\_  
Date

