

Student Health Information

Your child can receive the best care at school when the school nurse has a complete health history. Please complete the form below and return to the school nurse by the student's first day of school. If you have any questions, please contact the nurse at your child's school.

Student's Name	Birthdate	Grade
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Illnesses, injuries or health care problems during this past summer:

Important health information regarding my child (allergies to food/medication/other, chronic diseases or illnesses, medications taken at home that are prescribed or over the counter):

Any treatments or medications your child will be receiving at school (requires a doctor's order/medication authorization):

I recognize that the above health information may be shared with school staff who can assist my child if a health problem occurs during the school day.

Parent/Guardian Signature	Phone #	Date
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