

O g f k g t t c p g c p District
OFFICE OF THE SCHOOL NURSE

HEALTH HISTORY UPDATE
RETURNING STUDENT
SY 2010-2011

STUDENT NAME: _____ DOB: _____

Please check the appropriate answer.

	<u>NO</u>	<u>YES</u>
1. Any changes in health status since last year's registration? If YES , list below:	_____	_____

2. Does your child take any medication at home or at school? If YES , please list below:	_____	_____
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3. Is there any health condition that the nurse should be aware of? If YES , list below:	_____	_____
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* In order for school personnel to administer medications during school hours a "Medication During School Hours" form, signed by the attending physician and the student's parents, **MUST** be provided to the school nurse. The medications must be brought to the school nurse in the original container, properly labeled by the pharmacy or physician. The label should indicate the name of the student and physician, the medication, dosage, frequency, and date issued. The date of the prescription needs to be within the current school year. Last year's permissions are null and void, as this process must be re-accomplished each NEW school year.

PARENT SIGNATURE

DATE