

HEALTH UPDATE

Name _____ Grade _____

In order for us to be able to share your child's health concerns with school staff, we need you to fill out this form at the start of every school year.

**WE MUST HAVE YOUR SIGNATURE BEFORE WE CAN SHARE
INFORMATION WITH STAFF**

Please list special health needs or concerns and any SPECIAL INSTRUCTIONS:

Please list any medications that your child takes on a regular basis:

_____/_____/_____
Parent/Guardian Signature Date Phone #

Health Services

The following health screenings will be provided for each student throughout the school year unless a written refusal is received from parents/guardians by the date below.

Elementary

Vision, Hearing, Dental, Height and Weight Assessment

Middle School

Vision, Hearing, Dental, Blood Pressure, Height and Weight Assessment

High School

Vision, Hearing, Dental, Blood Pressure, Height and Weight Assessment

***This form is to be returned to the school office by:
September 8, 2008***