

**NESHAMINY SCHOOL DISTRICT
MEDICAL INFORMATION UPDATE**

DATE: _____ TEACHER: _____ GRADE: _____

STUDENT NAME: _____ DOB: _____

CURRENT MEDICAL/EMOTIONAL PROBLEMS: _____

IS CHILD A PATIENT AT A HOSPITAL/DOCTOR/CLINIC NOW? _____ IF YES, PLEASE EXPLAIN:

APART FROM VITAMINS, IS CHILD TAKING ANY MEDICATION? _____ IF YES, WHAT? _____

DOES YOUR CHILD NEED TO TAKE ANY MEDICATION AT SCHOOL? _____ IF YES, WHAT?

CURRENT ALLERGIES AND TREATMENTS: _____

DIETARY RESTRICTIONS OR SPECIAL DIETARY NEEDS? _____

HAS YOUR CHILD HAD ANY ILLNESSES, ACCIDENTS, FRATURED BONES, ETC., WITHIN THE PAST YEAR? _____ IF YES, PLEASE EXPLAIN: _____

HAVE THERE BEEN ANY CHANGES IN YOUR FAMILY STRUCTURE THAT THE NURCE, GUIDANCE COUNSELOR AND TEACHER SHOULD BE MADE AWARE OF? (EX: DEATH IN FAMILY, DIVORCE, ETC.) _____ IF YES, PLEASE,EXPLAIN: _____

DOES YOUR CHILD WEAR GLASSES? _____ IF YES, ARE THEY FOR:
_____ DISTANCE _____ READING _____ NEED TO WEAR AT ALL TIMES

Parent/Guardian Signature

Date