



HEALTH INFORMATION UPDATE FOR SCHOOL YEAR 2017-18
FALL CREEK SCHOOL DISTRICT

Directions: Complete one Health Information Update form for each student enrolled in the Fall Creek School District. This information will be reviewed by the School Nurse and used to update the school's Health Record. It will also be shared with appropriate personnel. PLEASE PRINT

Student's LEGAL Name: (Last) (First)

Date of Birth: (Month) (Day) (Year) Grade Sex

List below the medications the student will take during school hours. Please obtain the form "Administer Medication", complete and return to the Health Services office.

MEDICATIONS (taken during school hours): DOSAGE: TIME(S) ADMINISTERED:
1.
2.
3.

Does this student have a major medical condition? NO YES...If yes, indicate all that apply.

ADD / ADHD (circle one)
Asthma or Allergies, please specify
Bleeding Disorders
Diabetes
Heart Condition
Medical Dietary Restrictions
Seizures
Vision or Hearing. Please specify
Other, please specify

Is this student currently receiving treatment for any of the above? NO YES
If "YES", please specify:

MEDICATIONS (taken at home): DOSAGE: TIME(S) ADMINISTERED:
1.
2.
3.

List any recent immunizations and dates.
Tdap booster is required for students entering 6th and every 5 years after during HS.

Please specify any school-related limitations or special considerations required by the doctor.

Please specify any other relevant health information or concerns that you wish to make school personnel aware of on the reverse side of this form.

(Parent's / Guardian Signature) (Date)