

### Summer Health Update

To Parents or Guardians,

Please complete the following information & return to the school nurse as soon as possible so that we can ensure that your child's needs are met in the school setting, and update our records.

***If there are no changes, please fill in the student's name & grade,  
sign the bottom and return the form.***

Student's Name:	Grade:
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During the past year, has your child had the following:

Serious injury  No  Yes

If yes, please explain:

Serious illness  No  Yes

If yes, please explain:

Surgery  No  Yes

If yes, please explain:

Allergic reaction(s)  No  Yes

If yes, please explain:

Activity Restrictions  No  Yes (Physical Education, Sports, Recess)

If yes, please explain:

***If yes, you must supply us with a current note from the child's doctor  
stating the reason for the restriction, and the duration.***

Current Medications - please list		

Parent / Guardian Signature:	Date:
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