

Health Update Form

Dear Parent or Guardian,

Please complete the following form for the purpose of updating our health records for your child(ren). Any exams, significant illnesses, hospitalizations or other pertinent information regarding medical treatment since last fall should be recorded. Ames Christian School is required to have this information on file before the start of classes this fall. All information is confidential. Thank you!

Student's Name _____ Grade _____

Did your student experience a significant illness, hospitalization, or surgery? YES NO

If yes, please explain: _____

Physical exam: YES NO Date _____ Physician _____

Doctor's observations or recommendations: _____

Please provide updated immunization record.

Vision exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Hearing exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Dental exam: YES NO Date _____ Physician _____

Observations or recommendations: _____

Is the student taking medication regularly? YES NO

If yes, please identify medication and its purpose: _____

Please note: In order for medication to be administered at the school, an authorization form must be signed by the child's physician. Forms are available at the school office.

Other concerns or comments: _____

YES NO I give permission for my child to receive Tylenol as directed on the bottle/box. (In order for Tylenol to be administered at the school, parent must send a labeled bottle to the school office.)

YES NO I give permission for my child to receive emergency medical treatment or first aid if necessary.

YES NO I understand that the above information is confidential. However, I give my permission to share health information with school personnel if circumstances so require.

Parent / Guardian Signature: _____ Date: _____

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