



**2011-2012 STUDENT HEALTH PROFILE – UPDATE  
(For Parent/Guardian to Fill Out for Returning Student)**

Please print legibly and attach additional explanations if necessary.

\_\_\_\_\_  
Student's Last name

\_\_\_\_\_  
Student's First name

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Birthplace

**Allergies**

**Please list your child's allergies (food, insect bites, drug, etc.) and describe the reaction that occurred (i.e. rash, sneezing, anaphylaxis).**

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

Allergy: \_\_\_\_\_ Reaction: \_\_\_\_\_

**Does your child take any pills, medicines, or treatments, either on a regular or part-time basis? Yes \_\_\_\_\_ No \_\_\_\_\_**

**Do these ever need to be administered during the school day? Yes \_\_\_\_\_ No \_\_\_\_\_**

Please list medicine(s) and purpose, and time if during the school day:

\_\_\_\_\_

**Does your child have any medical conditions (i.e., allergies, asthma, skin problems, epilepsy, ADHD) Yes \_\_\_\_\_ No \_\_\_\_\_**

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Has your child been hospitalized or had surgery over the past year? Yes \_\_\_\_\_ No \_\_\_\_\_**

Please explain: \_\_\_\_\_

\_\_\_\_\_

**Do you have any other information or concerns regarding your child's health or psychosocial wellbeing? Yes \_\_\_\_\_ No \_\_\_\_\_**

Please explain: \_\_\_\_\_

\_\_\_\_\_

Do you consider your child's health:      Good \_\_\_\_\_      Fair \_\_\_\_\_      Poor \_\_\_\_\_  
Can your child participate in all school activities?      Yes \_\_\_\_\_      No \_\_\_\_\_      If no, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Would you like to meet or talk on the phone regarding your child's health?      Yes \_\_\_\_\_      No \_\_\_\_\_

## Form F (R)

Does the school nurse have permission to share pertinent health history with Faculty/Administration as necessary? Yes \_\_\_ No \_\_\_  
If no, please explain:

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\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date