Fulton City School District
Health Record Update

Student Name____

Grade _______________________________ Date of Birth _______________________________

Health Care Provider _________________________ Dentist ____

1. List any operations, serious injuries or illnesses (requiring medical care) during the last year:
____

2. Please describe any current health problems/concerns or serious allergies including recommended treatment:
____

3. List any daily or "as needed" medications prescribed by the students' health care provider:
____

****Note: NYS law requires all medications that need to be administered in school have written instructions from the health care provider, written parent permission and the medication to be brought to school in its original pharmacy container, even if child is self-administering.**

4. Please provide signed proof from your health care provider for immunizations (ex: DTAP, or Tdap, IPV, MMR, etc.).

5. Is your child seen by a doctor regularly? YES/NO, Weekly/Monthly, or Other ___________________________
Why?____

6. Please list any special concerns for classroom, physical education or dietary restrictions. All restrictions need written orders form health care provider. ____
____

7. Were your child's eyes examined by a doctor or optometrist during the past year? YES/NO
Name of eye doctor? ________________________ Corrective lens prescribed? YES/NO
Reading only? YES/NO Wear full-time? YES/NO Take off for Physical Education? YES/NO

8. Did your child have a dental exam and/or orthodontics this past year? YES/NO Dentist __________________

If you have any additional information that you feel the school nurse should know about, or need to further describe any conditions listed above, please use the back of this page.

I give permission for confidential and discreet use of health information to meet my child's health needs while he/she is in school.

____ _____________________________
Signature of Parent/Guardian Date

____ _____________________________
Student Name Date of Birth

Medical Emergency Contact (please print): ____

Phone Number: ____