

Dear Parent/Guardian: **Please complete this and return the first week of school.** This is intended to update us on any changes, as well as give us a reference for your child. Any student requiring medications to be given at school, or a Health Action Plan, will require separate forms. Please notify the clinic, if this has not already been set up. Your cooperation is greatly appreciated!

Student Health Update Miller Special

Name: _____ DOB: _____

Diagnosis: _____

Allergies: (include all food, environmental, and drug allergies, and what happens when exposed)

Routine Medications: (just list the drug name and dosage, a different form will be sent home that will get the specifics)

As Needed Medications: (indicate for what condition and if there will be a supply in the clinic? Yes No)

Are immunizations up to date? (If not what is pending?) _____

Recent Surgeries? (include date and procedure) _____

Recent Injuries? (include date and type of injury) _____

Any special diet or diet restrictions? (please be specific) _____

Any restrictions for P.E. or other activities?

Are there any concerns with bathrooming? (Is your child independent?) _____

Any specific concerns for this year?

Any concerns that would require medical intervention? (please be specific) _____

Person filling out the form: _____

Date: _____

Emergency contact: _____

Phone: _____

Physician (s): _____

Phone: _____