

**READINGTON TOWNSHIP SCHOOLS
SCHOOL HEALTH SERVICES
GENERAL HEALTH UPDATE
2021-2022**

This form is to be returned to the health office the first week of school.

Student: _____ Grade/Teacher: _____ DOB: _____

Parent/Guardian: _____ Home Phone: _____

Parent/Guardian Phone Numbers: _____

Doctor/Phone Number: _____ Dentist/Phone Number: _____

In order to best serve each student at school, it is important to update current medical/health information. The office will treat all information 'confidential' unless you indicate otherwise. If you have any questions or concerns, please feel free to call our office. For additional comments, please use the back of this form.

1. Please identify all changes in your child's current health condition and/or list serious allergic reactions since the end of the last school year? Please be specific:

2. Please list any injuries, fractures, surgeries, or hospitalizations that have occurred over the summer. Please be specific and identify the student's limitations, if any apply:

3. Please list any daily or as needed medications your child receives at home or at school. *Some medications may have certain side effects and this information would allow us to evaluate your child's health complaints more effectively.*

I authorize the school nurse to share this information with all appropriate school personnel, as required at her discretion, to promote the health, safety, and general well being of my child. I assume full responsibility for the disclosure of the above information.

Signature of Parent/Guardian

Date