

## Health History Update

Notice To Parents:

Please complete this form and return to school as soon as possible. This will help to give us any new information which we will need in order to keep your daughter's health record current.

Daughter's Name: \_\_\_\_\_ D.O.B. \_\_\_\_\_

Grade: \_\_\_\_\_

Please Answer All Questions With Yes or No

\*If Yes, please explain

1. Any New Allergies: \_\_\_\_\_
2. Any Serious Illness: \_\_\_\_\_
3. Developed a Chronic Condition: \_\_\_\_\_
4. Contacted a Communicable Disease: \_\_\_\_\_
5. Operations: \_\_\_\_\_
6. Presently on DAILY medication: \_\_\_\_\_
7. Periodically takes medications for: \_\_\_\_\_
8. Any New or History of Concussion(include date) \_\_\_\_\_

DATE \_\_\_\_\_

Signature \_\_\_\_\_

Please contact the School Nurse with any questions at (610) 664-6655 ext 113