



SCHOOL HEALTH RECORD UPDATE

Dear Parent/Guardian:

Please assist us by completing this update to your child's School Health Record. It is important that we have current information to provide your child with the best care possible. Please understand that the information provided will only be shared with school staff working directly with your child. Have your child return it to school as soon as possible. Thank you for your cooperation.

Sincerely,
Tracy Rodriguez, R.N., B.S.N., C.S.N.
Nordonia Hills School Health Nurse

Student _____ School _____ Present Grade _____

Has there been any change in your child's health the past year? yes no

Hospitalizations yes no

Explain _____

Seen by a physician? yes no

Explain _____

Illness or Injury? yes no

Explain _____

Current Medication?

Type _____

Dosage _____

Does medication need to be taken during school hours? Yes no

Permission Form for Medication is on line. This form must be filled out completely and returned to the school nurse before your child can be given medication at school.

During the past year, please indicate immunizations received and include month/day/year:

Tetanus Booster _____

Varicella _____
(chicken pox)

Other _____
(Vaccine) (Date) (Date)

Past Health Concerns _____

Past History of Asthma __yes__ __no__

Present Asthma __yes__ __no__

How is it monitored?

Inhaler __yes__ __no__ How often? _____

Aerosol machine __yes__ __no__ How often

Is it needed? _____

Other asthma meds and time taken:

Past Head Injuries of any kind _____

Current Health Concerns _____

Limitations or Special Care required, please specify below
(I.e. physical limitations)

Completed By _____ Date _____

Relationship to student _____ please have the nurse call me at _____