

NEW PRAIRIE UNITED SCHOOL CORPORATION ANNUAL HEALTH UPDATE FORM

Note: This form is NOT a physical exam to be completed by a physician. Parent or Guardian is to provide the information requested here to update the child's school health record each new school year. By signing this form, permission has been granted to share this information with any school personnel who would be responsible for your child during the school day. Thanks!

Date _____

Child's Name _____

Address _____

Telephone _____

Date of Birth _____

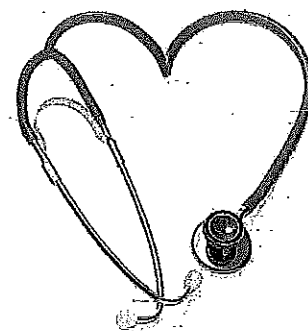
Grade _____

Parent/Guardian Name _____

Physician's Name _____ Telephone _____

Dentist's Name _____ Telephone _____

Eye Doctor's Name _____ Telephone _____



History of illness diagnosed by physician:

(Give date of onset)

ADD/ADHD _____

Heart/Blood _____

Diabetes _____

Neurological/Seizure _____

Ear Infection _____

Asthma _____

Orthopedic/Bone _____

Vision Problems _____

Other _____

Allergies (medication, food, insects) _____

List medications and dosages/for what condition: _____

Surgical history: _____

Recent hospitalization _____

List any health concerns or conditions that the teaching staff should know or be alert to:

If an emergency requiring my child to be transported to a hospital by ambulance should arise, I prefer that my child be transported to the hospital marked (✓) below:

Saint Joseph, Mishawaka _____
St. Anthony's, Michigan City _____

Memorial, South Bend _____
Other (specify) _____

LaPorte Hospital, LaPorte _____

Additional information I would like the school to be aware of:

Parent Signature _____

Date _____