



## HEALTH AND MEDICATION UPDATE

Please use this form to update the school of any changes to your child's health; including but not limited to significant injuries, surgery, illness, allergies and any changes in your child's medications.

If your child needs to have medications administered at the school, please also fill out the **Administration of Medication** form.

Student Name

Grade

Date of Birth (YY/MM/DD)

Please list the details of your child's injury, medical condition, or change of medication:

Name of Parent/Guardian

Date (YY/MM/DD)

Signature of Parent/Guardian