

West Sonoma County Schools School Nurse Services	Return to School Nurse
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Health Update

Student's name _____ Date _____

School _____ Grade _____ D.O.B. _____

Dear Parent or Guardian,

Has your child had a major illness or been hospitalized since he/she first enrolled in school?

Does your child have any chronic or recurrent health condition? (Asthma, epilepsy, diabetes, heart problem, insect sting sensitivity, depression, mental health problems, other.)

Does your child take medication? Regularly or periodically?
List medications—dosage and how often given.

List medications taken previously—Give approximate dates taken

Has your child had any changes in his/her behavior?

Are there any other concerns or changes that the school needs to be aware of?

Has your child received any immunizations since entering kindergarten? If so, please provide a copy of the medical documentation of the immunizations.

We appreciate your time in sharing your child's health history with us. If you have any questions or concerns please feel free to call your school nurse.

Signature _____ Relationship _____ Date _____