

## Health Record Annual Update

Student's Name: \_\_\_\_\_ Grade: \_\_\_\_\_

1. Have there been any changes in your child's health status?

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2. Do you have any concerns about your child's health?

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3. Does your child have any allergies and/or chronic health issues?

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4. Does your child take any medication on a regular basis either at home or at school?  
Please list the medication(s) and reason(s) for taking the medication below.

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Parent/Guardian Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please complete this form for each child and return to the office or to [nurse@politz.org](mailto:nurse@politz.org).