

# MEDICAL UPDATE FORM

Name of Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

Grade \_\_\_\_\_ 2022-2023 Teacher \_\_\_\_\_

Check if the student has any of the following conditions:

<input type="checkbox"/> <b>Heart Condition:</b>	<input type="checkbox"/> <b>Adverse Drug Reaction</b>
<input type="checkbox"/> Restrictions	<input type="checkbox"/> <b>Severe Allergies</b>
<input type="checkbox"/> No Restrictions	<input type="checkbox"/> <b>Diabetes</b>
<input type="checkbox"/> <b>Asthma:</b>	<input type="checkbox"/> <b>Recent serious injuries</b>
<input type="checkbox"/> On Medication	<input type="checkbox"/> <b>Other:</b> _____
<input type="checkbox"/> <b>Vision/Hearing Problems:</b>	_____
<input type="checkbox"/> Glasses	_____
<input type="checkbox"/> Contacts	_____
<input type="checkbox"/> Surgeries	_____
<input type="checkbox"/> <b>Recent Immunizations</b>	

Please explain any of the above conditions if they are checked: \_\_\_\_\_

\_\_\_\_\_

My child is on the following medication: \_\_\_\_\_

List brothers/sisters attending Middle Township Schools:

<u>Name (First &amp; Last)</u>	<u>School/Teacher</u>
_____	_____
_____	_____
_____	_____

Family Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Family Dentist: \_\_\_\_\_ Phone: \_\_\_\_\_

I give permission to release the above medical information to appropriate school personnel to alert staff of any potential medical emergency.

Signature of parent/guardian: \_\_\_\_\_ Date \_\_\_\_\_

If there are any parent/guardian custodial situations that the school should be aware of (i.e. child may not be picked up by or have contact with mother, father, etc.) please advise us below:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_