

**LOWER MORELAND TOWNSHIP SCHOOLS**  
Huntingdon Valley, PA

HEALTH HISTORY UPDATE (please print legibly)

**Notice to Parents: This form must be completed and returned as soon as possible. This will help to give us the new information which we need in order to keep your child's health records current.**

Child's Name \_\_\_\_\_ Grade \_\_\_\_\_ Birth Date \_\_\_\_\_

Family Doctor \_\_\_\_\_ Phone \_\_\_\_\_

PLEASE ANSWER ALL ITEMS WITH YES OR NO

**If YES, please explain**

1. Any allergies – be specific \_\_\_\_\_

2. Any serious illness \_\_\_\_\_

3. Presently on any DAILY medication \_\_\_\_\_

If yes, list all medications and dosage: \_\_\_\_\_

\_\_\_\_\_

4. Contacted a communicable disease \_\_\_\_\_

5. Operations \_\_\_\_\_

6. Periodically takes medication for \_\_\_\_\_ (Epipens, inhalers, etc.)

7. Immunizations given this past year (please include MD documentation with type and dates)

\_\_\_\_\_

8. Started wearing glasses \_\_\_\_\_

9. History of seizures \_\_\_\_\_

10. Please list any new family changes, special health problems, equipment needs and medical

treatments for your child \_\_\_\_\_

\_\_\_\_\_

\*\* I give permission for the nurse to administer Tylenol, Advil, Benadryl, or Maalox to my child as per instructions on the bottle. **YES** \_\_\_\_\_ **NO** \_\_\_\_\_

**If emergency treatment is required, the school authorities will use their own judgment in sending the child to the hospital or doctor most easily accessible, providing none of the guardians or emergency contacts on record can be reached.**

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

LOWER MORELAND TOWNSHIP SCHOOL DISTRICT  
Huntingdon Valley, Pennsylvania

**PERMISSION FOR MEDICINE TO BE GIVEN IN SCHOOL**

DATE \_\_\_\_\_

REASON FOR MEDICATION  
\_\_\_\_\_  
\_\_\_\_\_

CHILD'S NAME \_\_\_\_\_ GRADE \_\_\_\_\_

NAME OF MEDICINE \_\_\_\_\_

DOSAGE \_\_\_\_\_ TIME TO BE GIVEN \_\_\_\_\_

LENGTH OF TIME GIVEN \_\_\_\_\_

SIGNATURE OF PARENT \_\_\_\_\_

PRESCRIBED BY DR. \_\_\_\_\_